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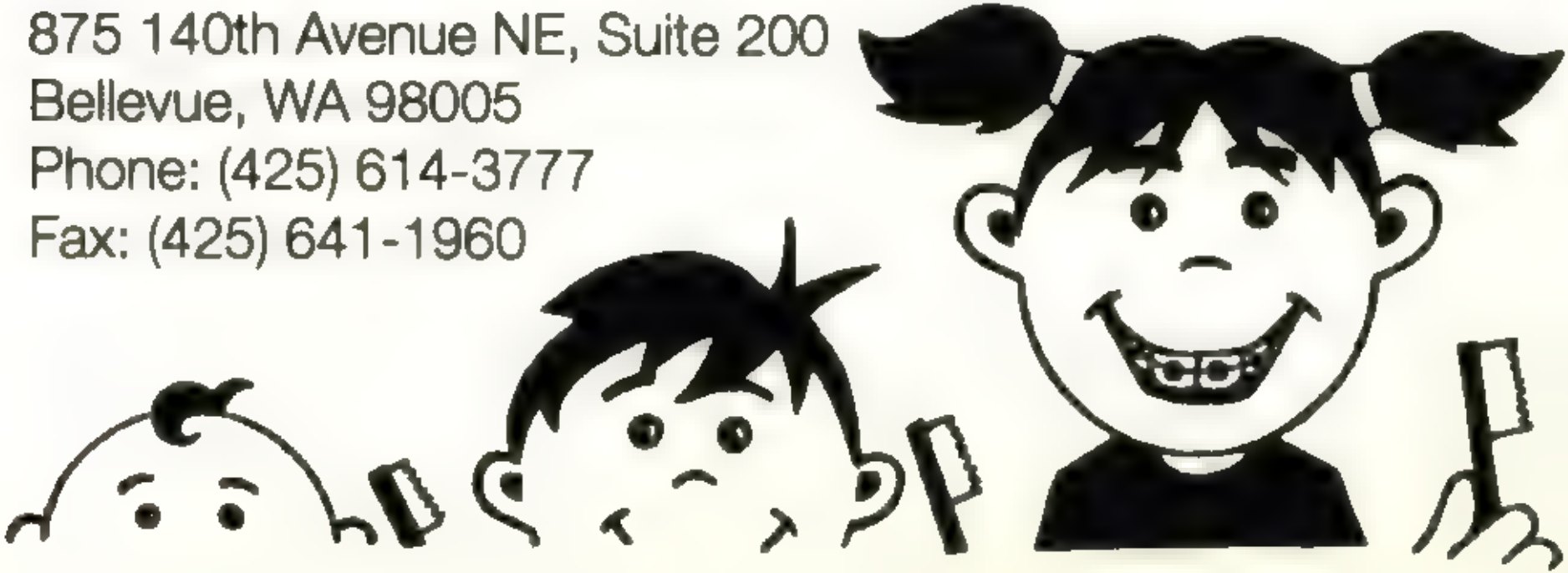


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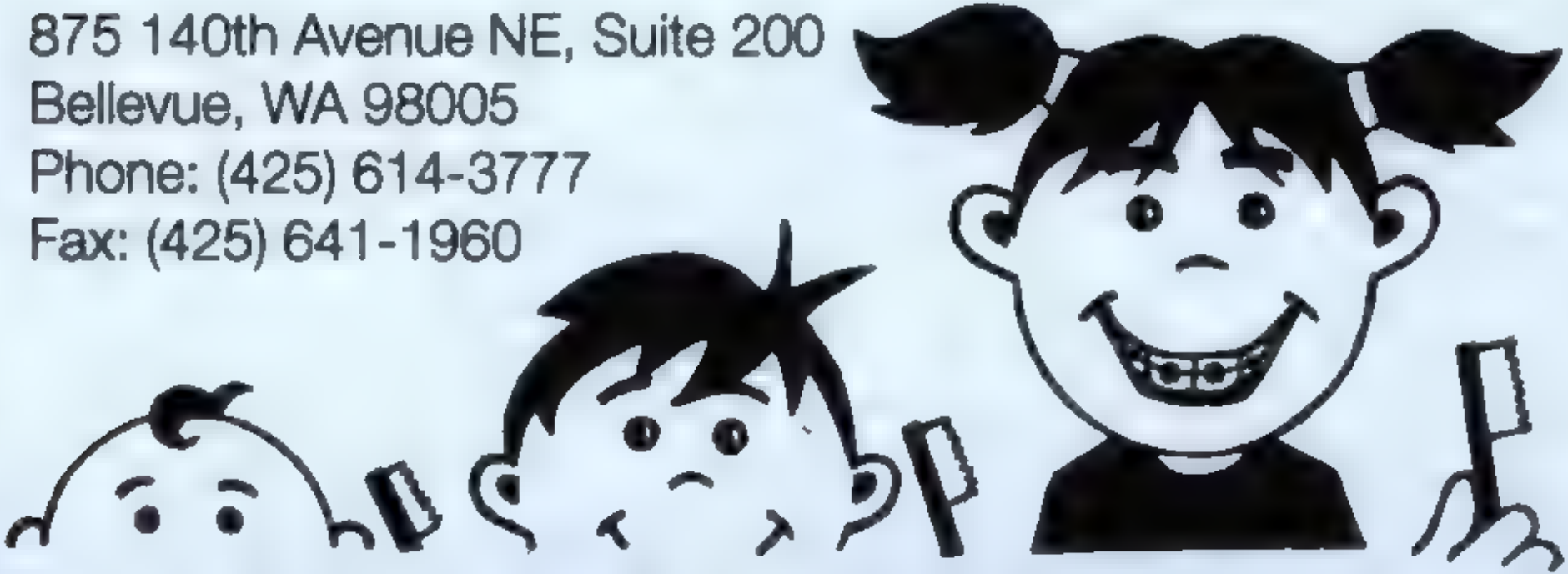
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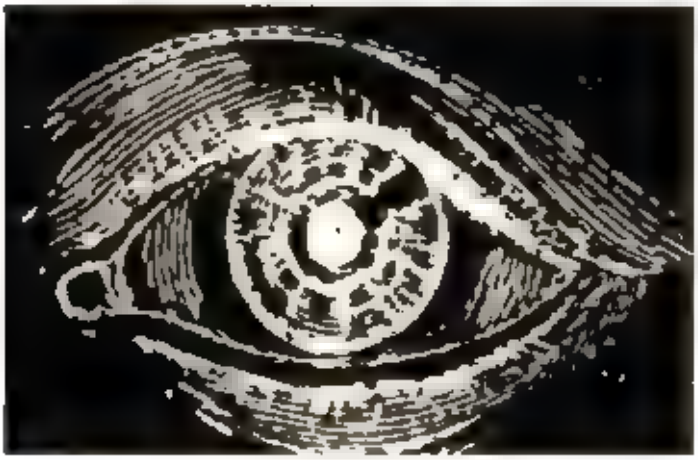
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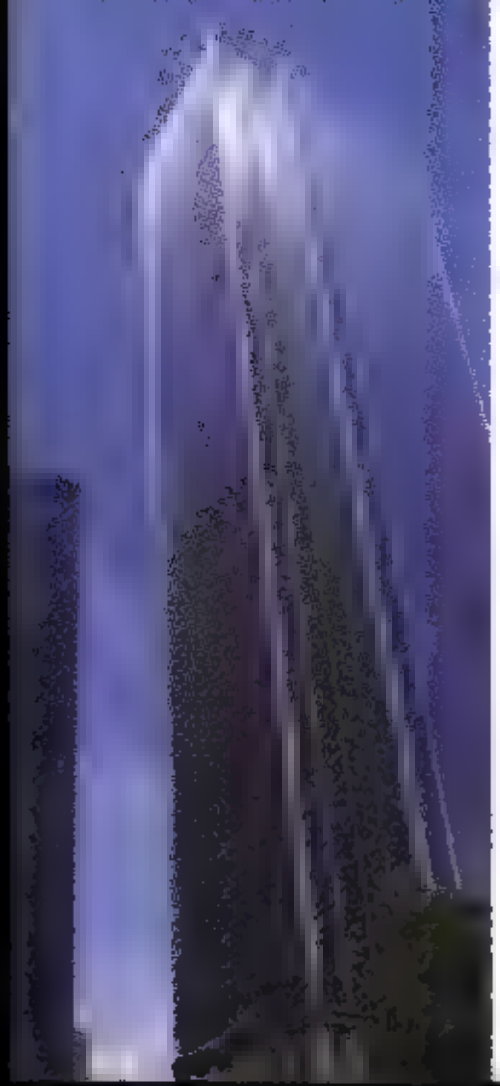
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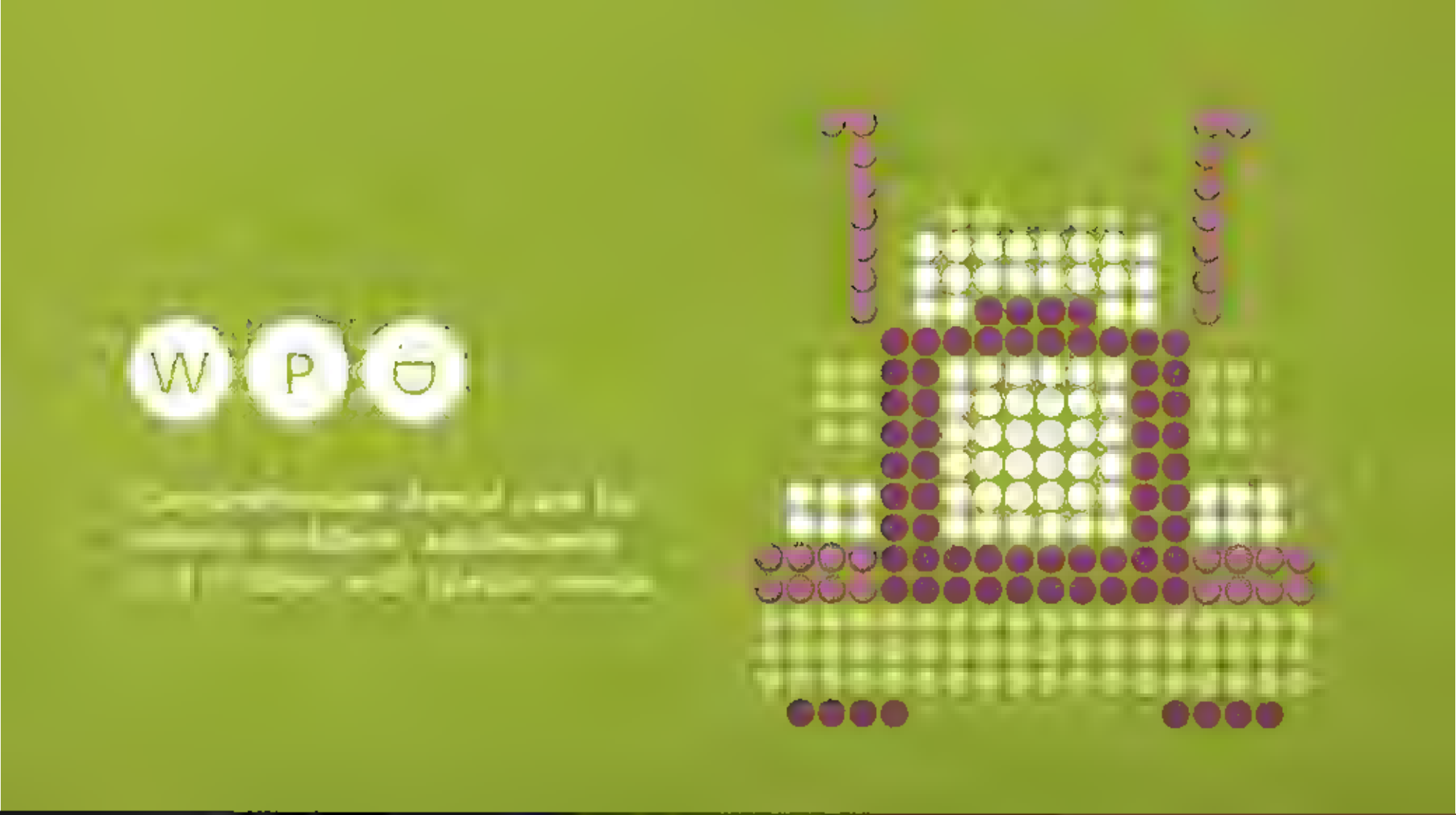
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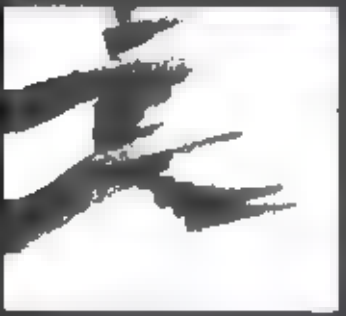

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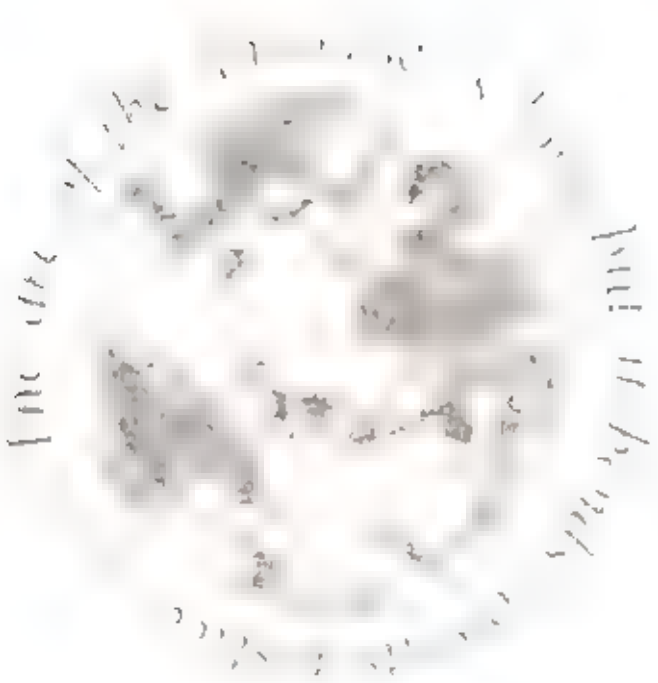

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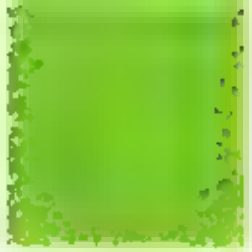
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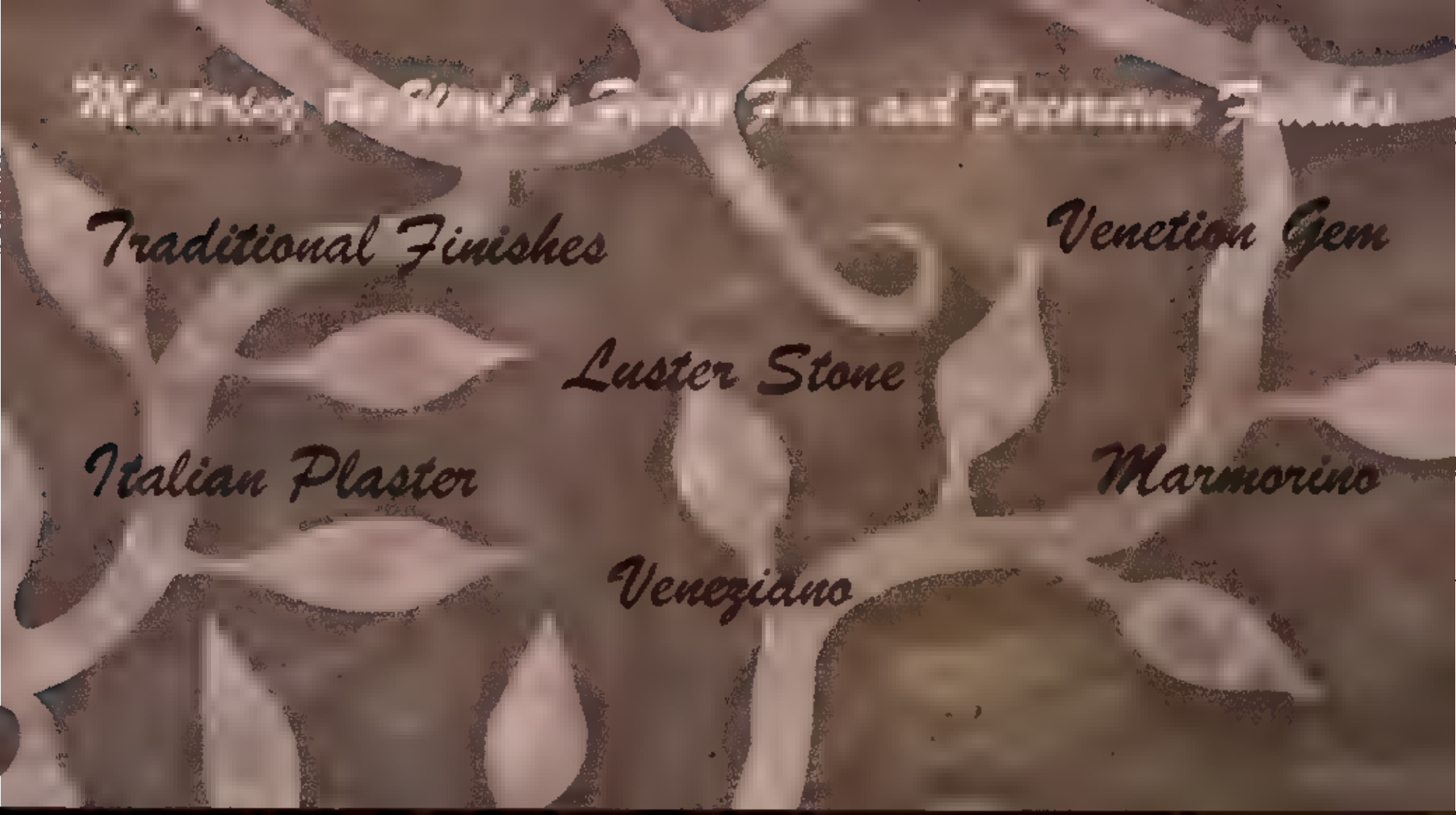
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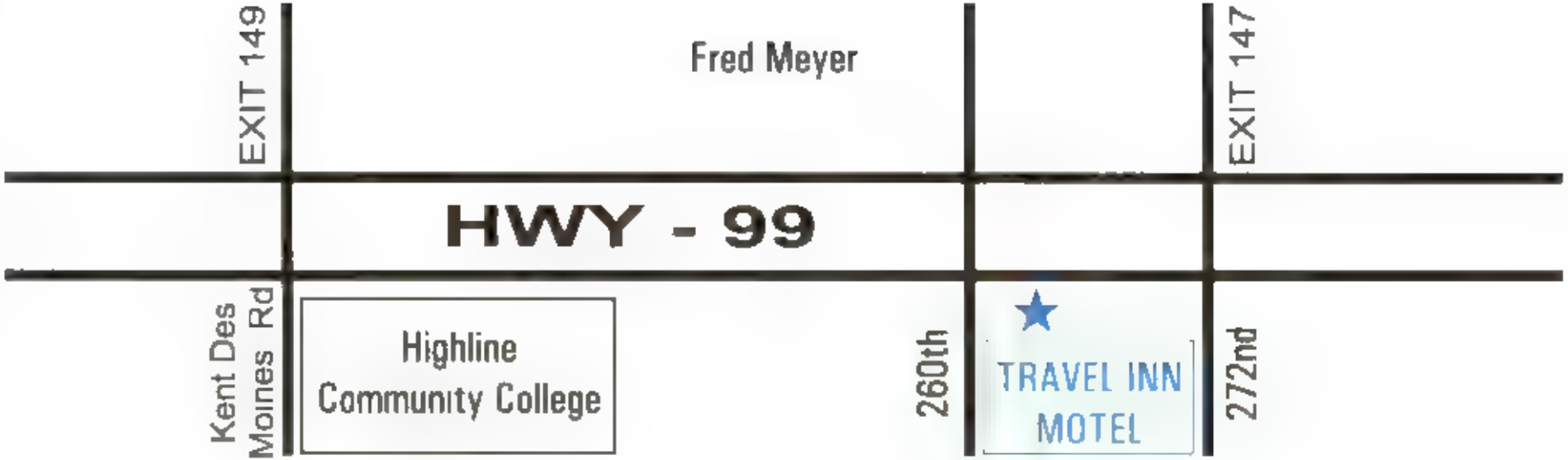


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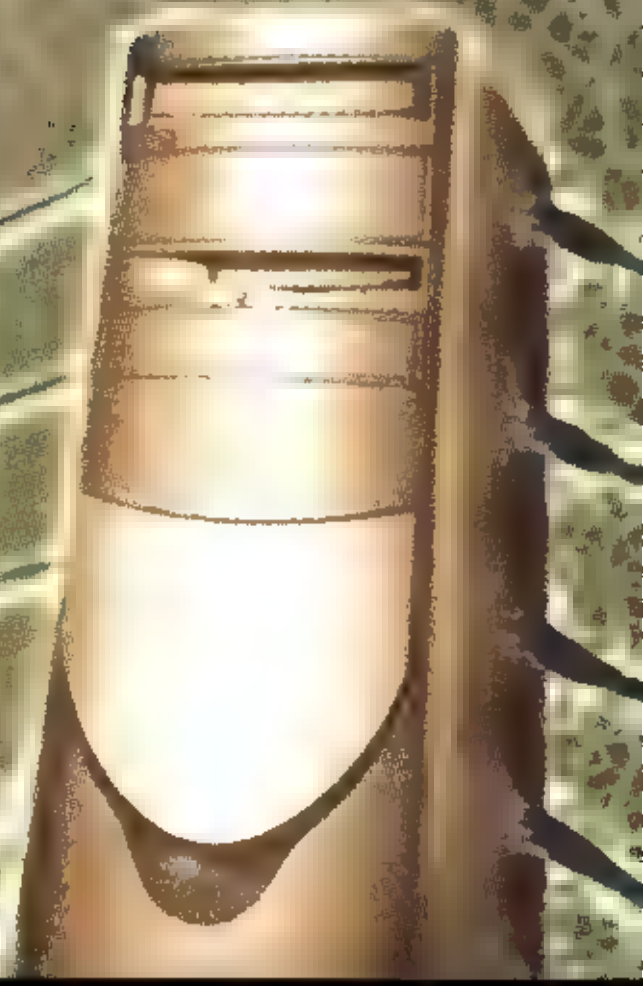
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M	T	W	Th	F		/	@	:	a.m.	p.m.
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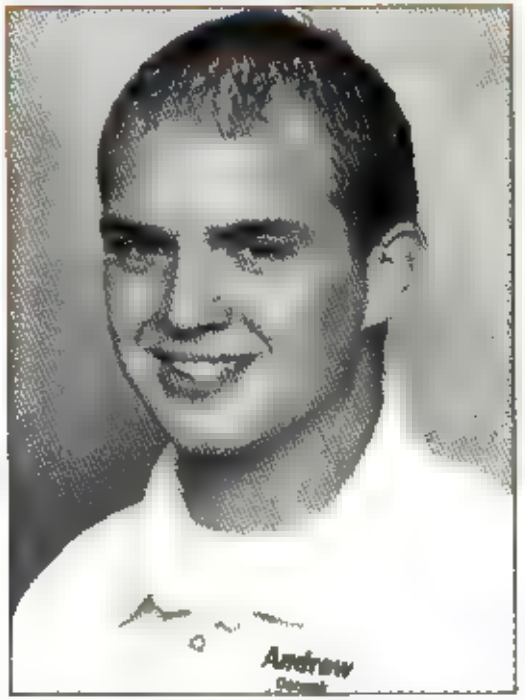
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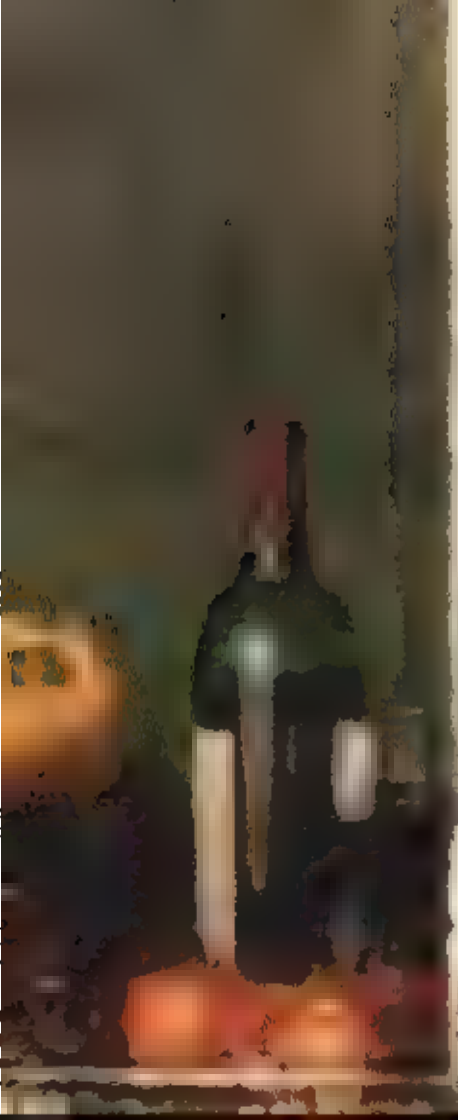
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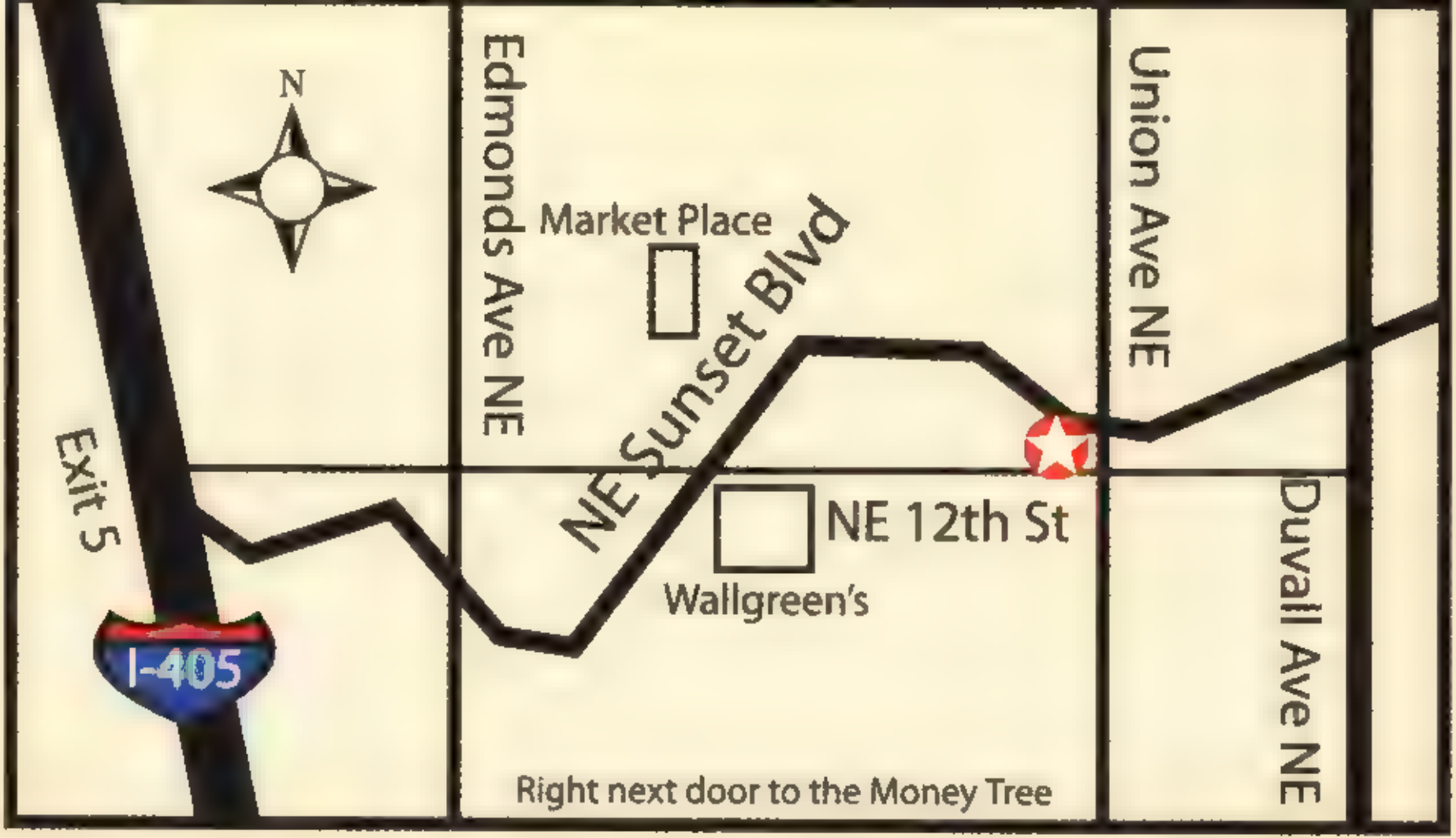
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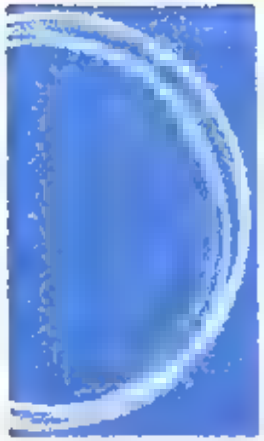
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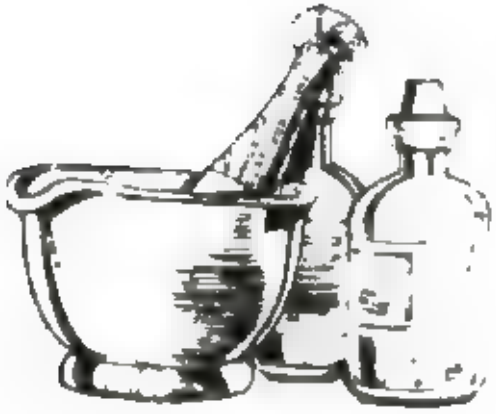
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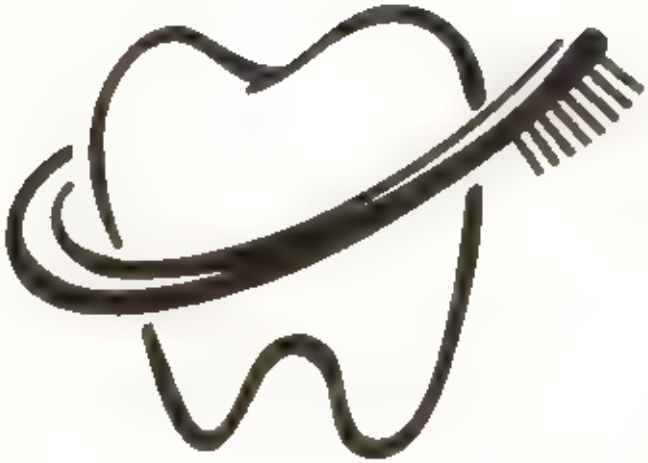
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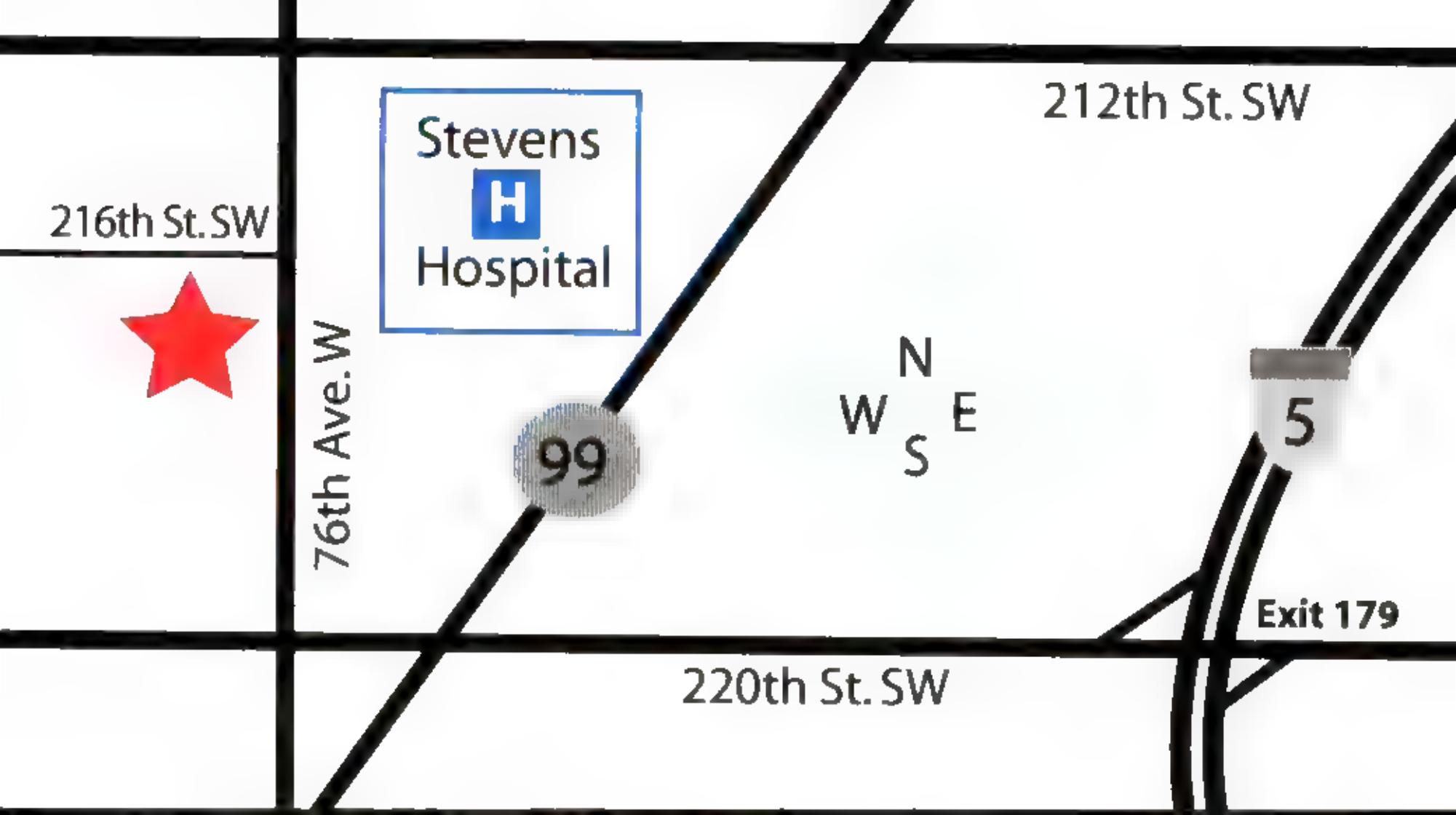
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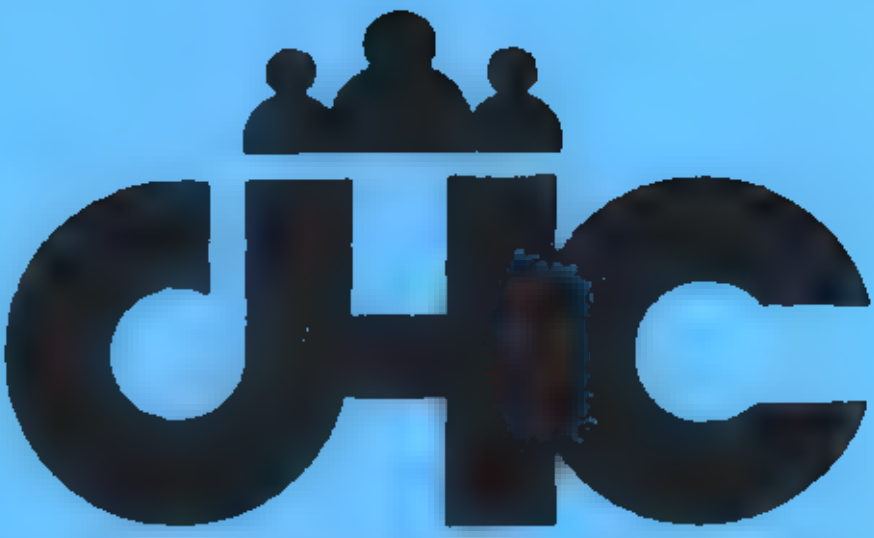


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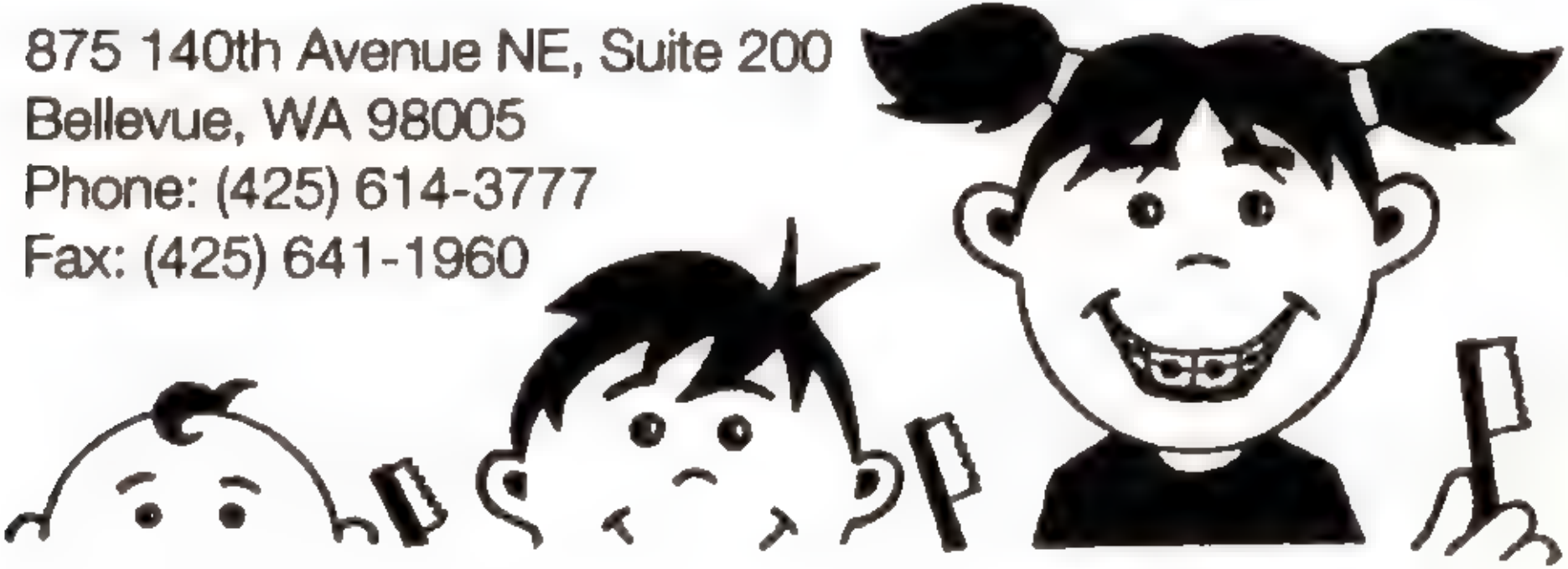
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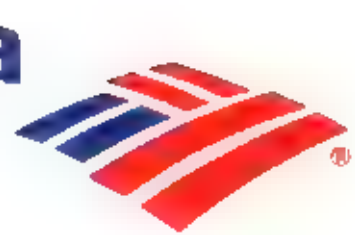
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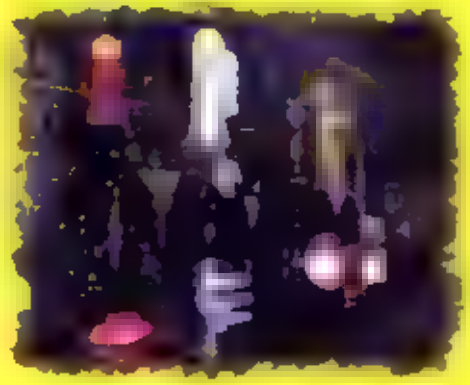
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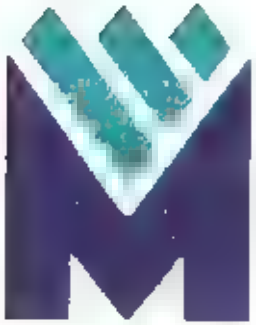
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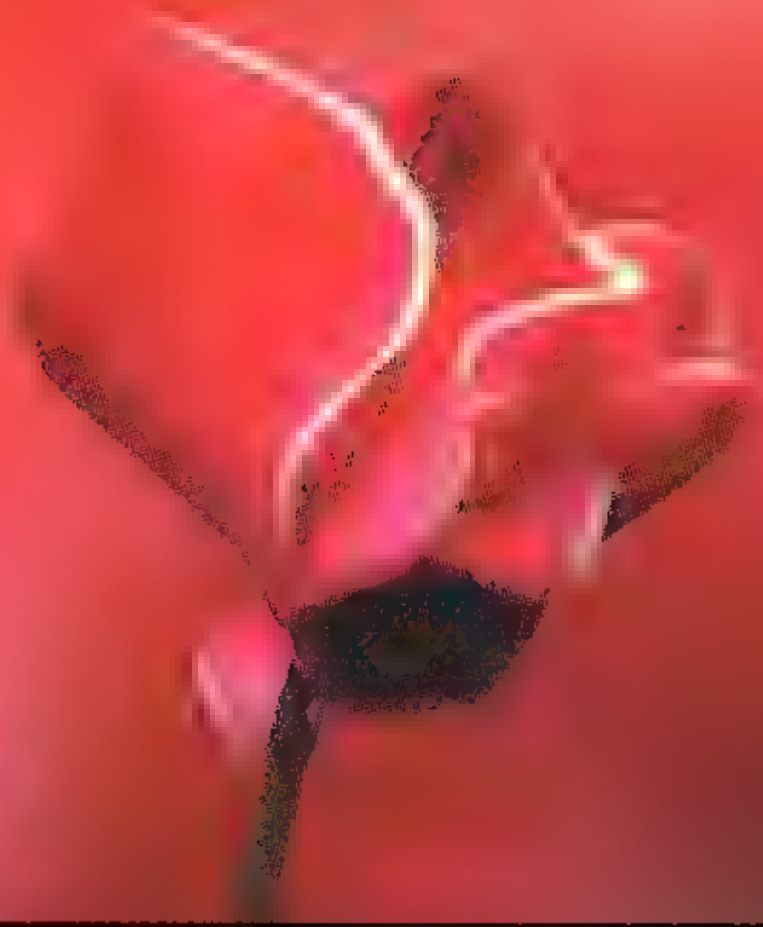
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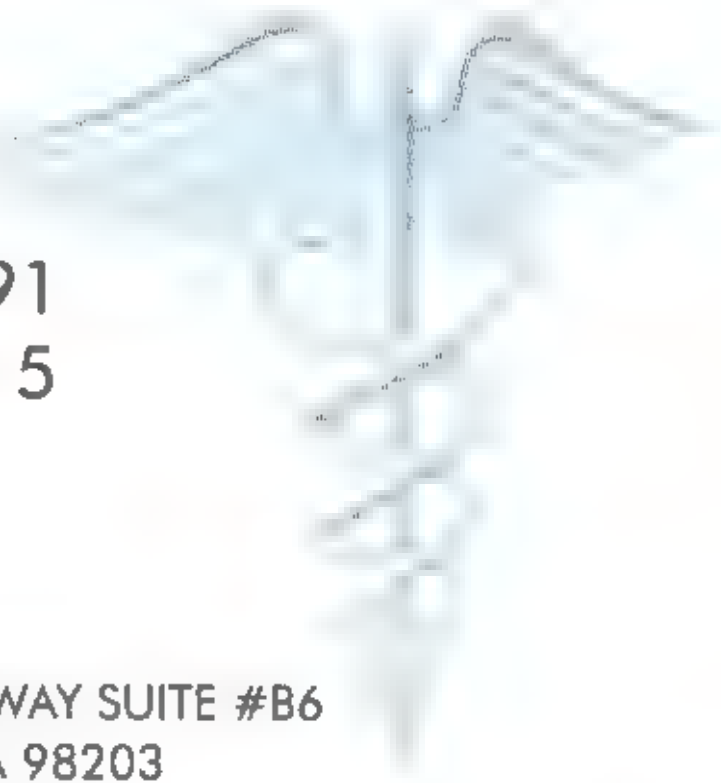
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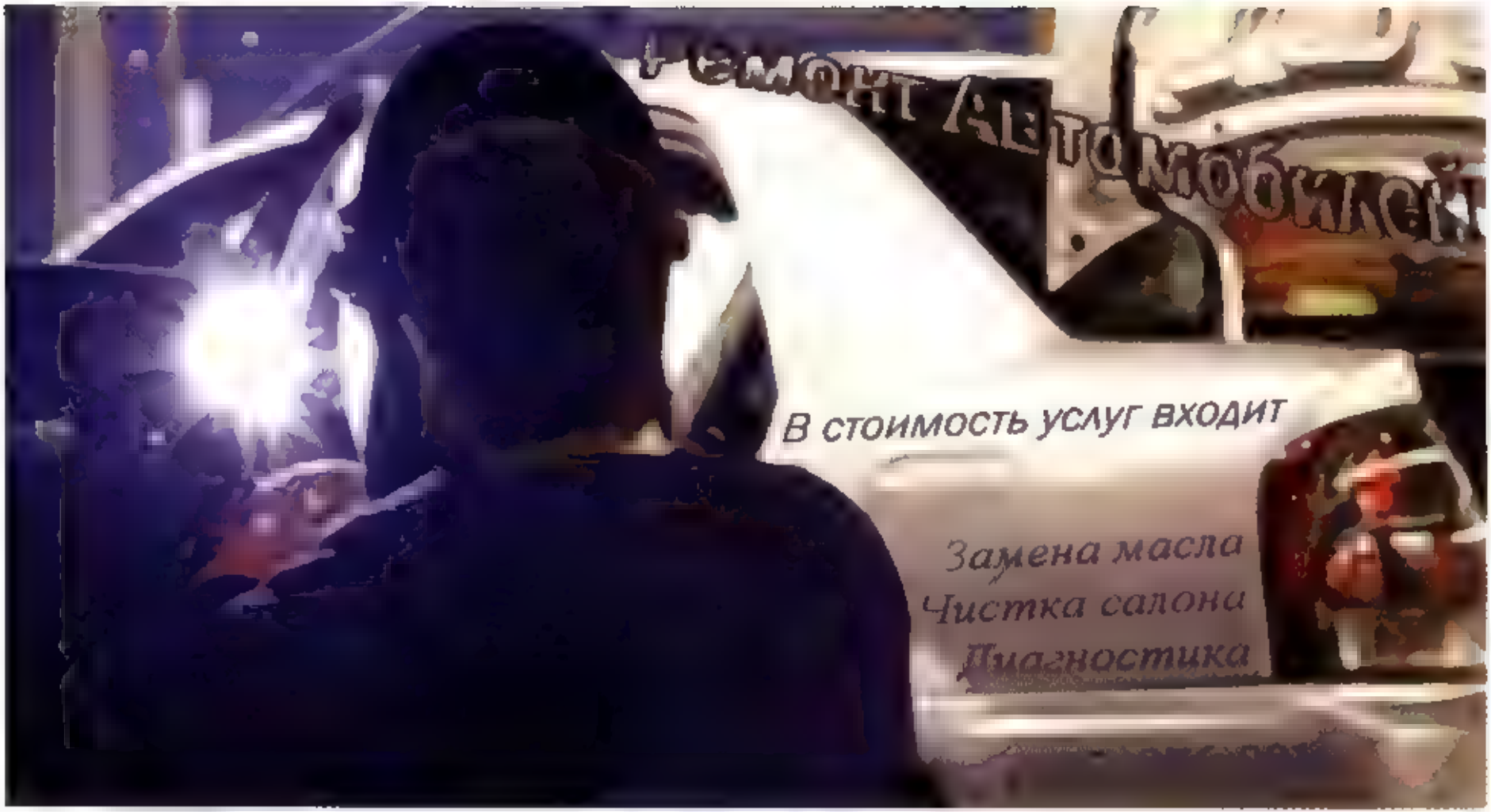
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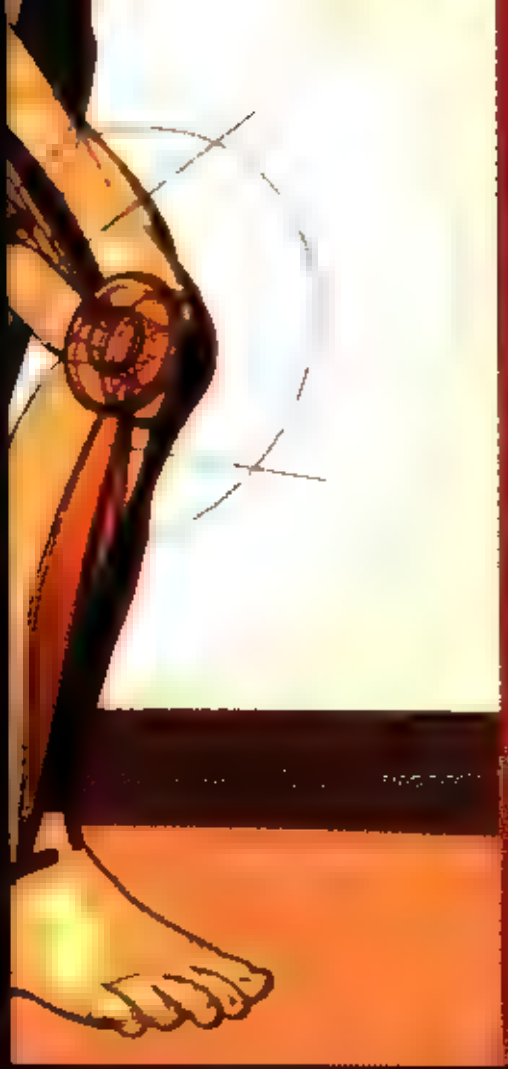
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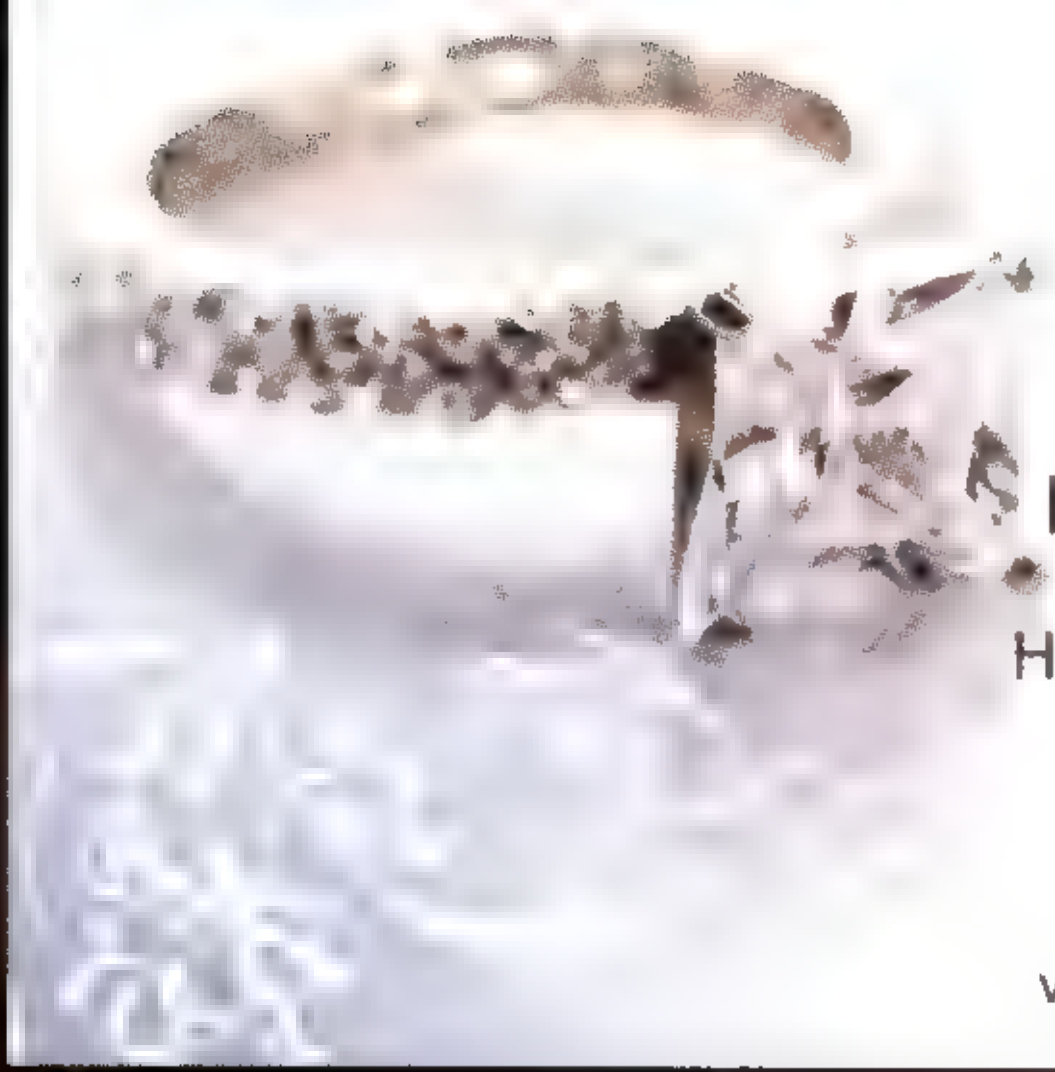
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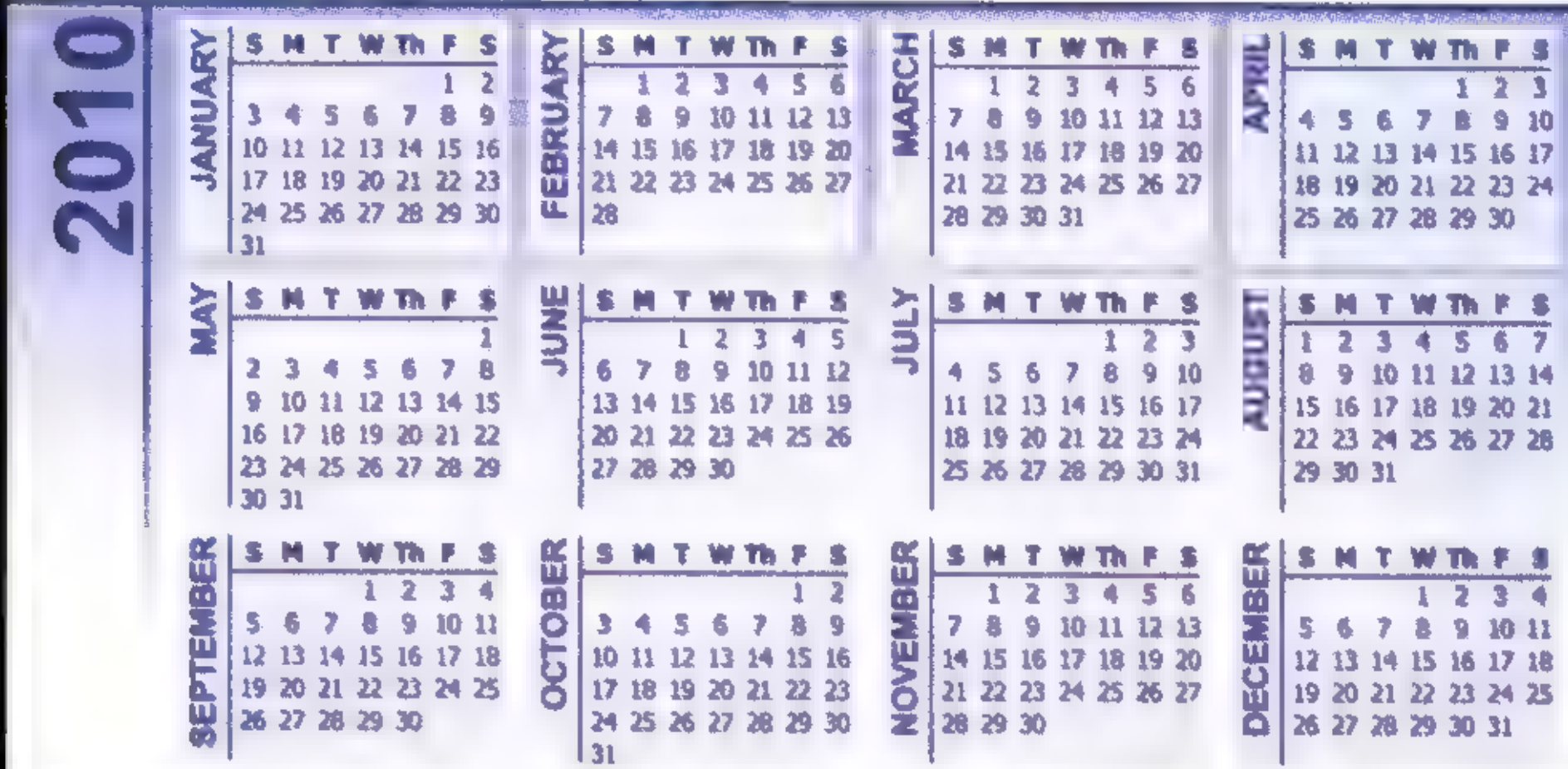
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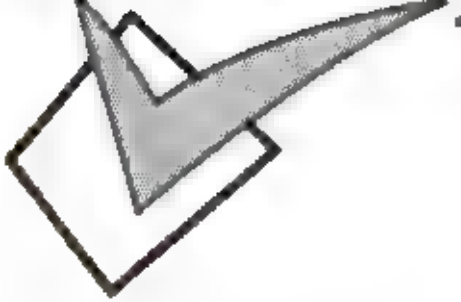


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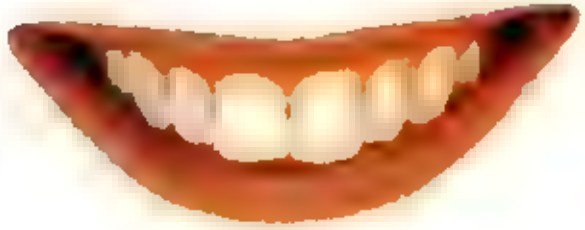
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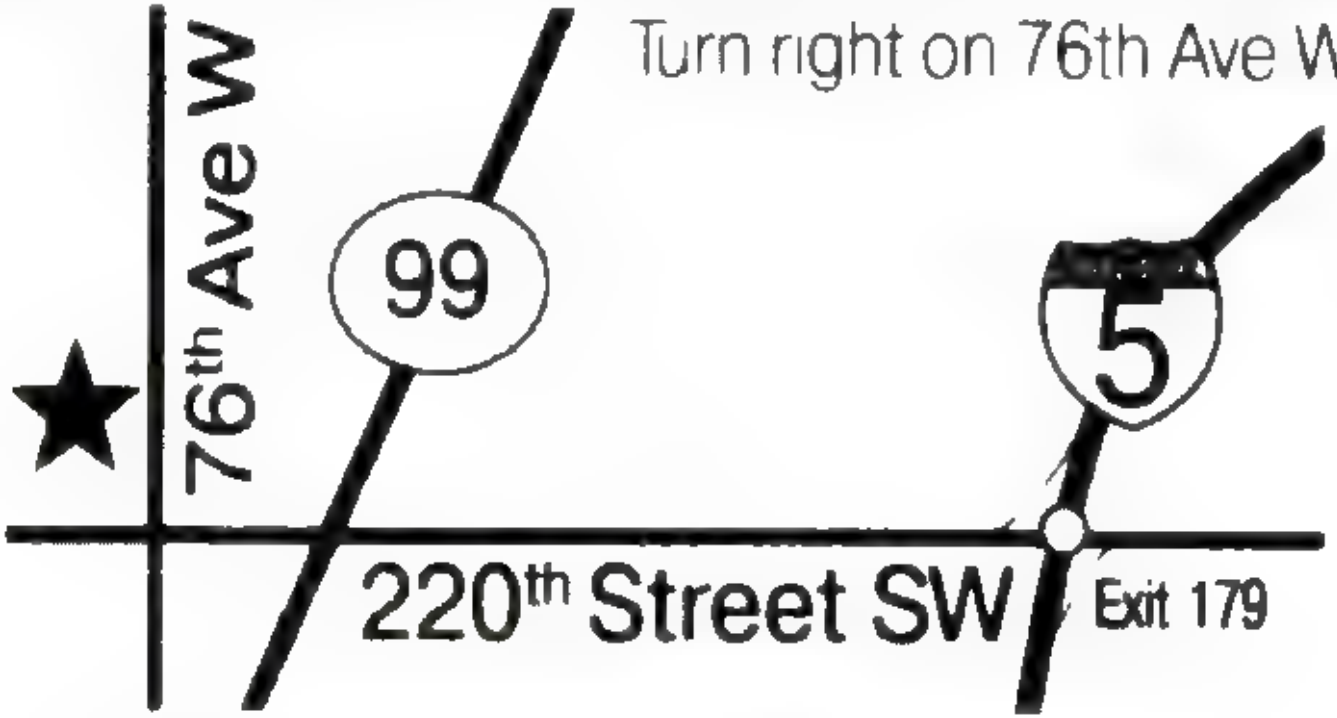
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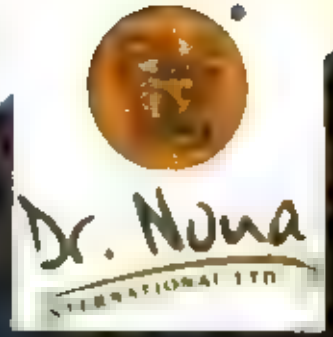
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FEBRUARY

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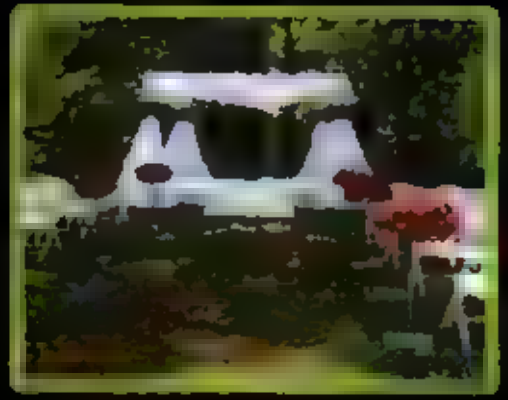
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Time: _____

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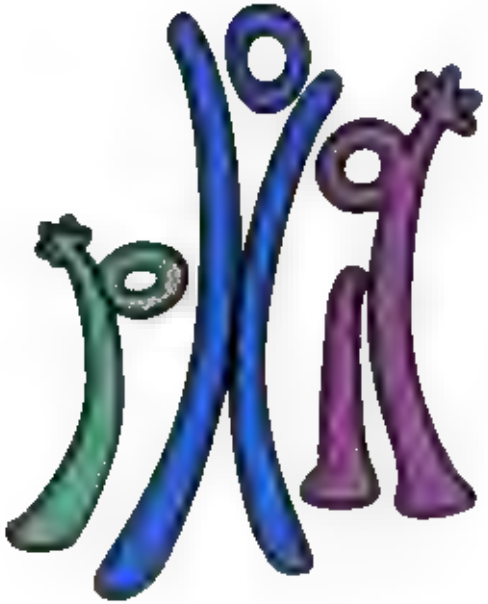
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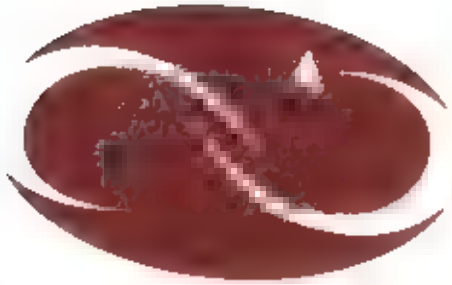
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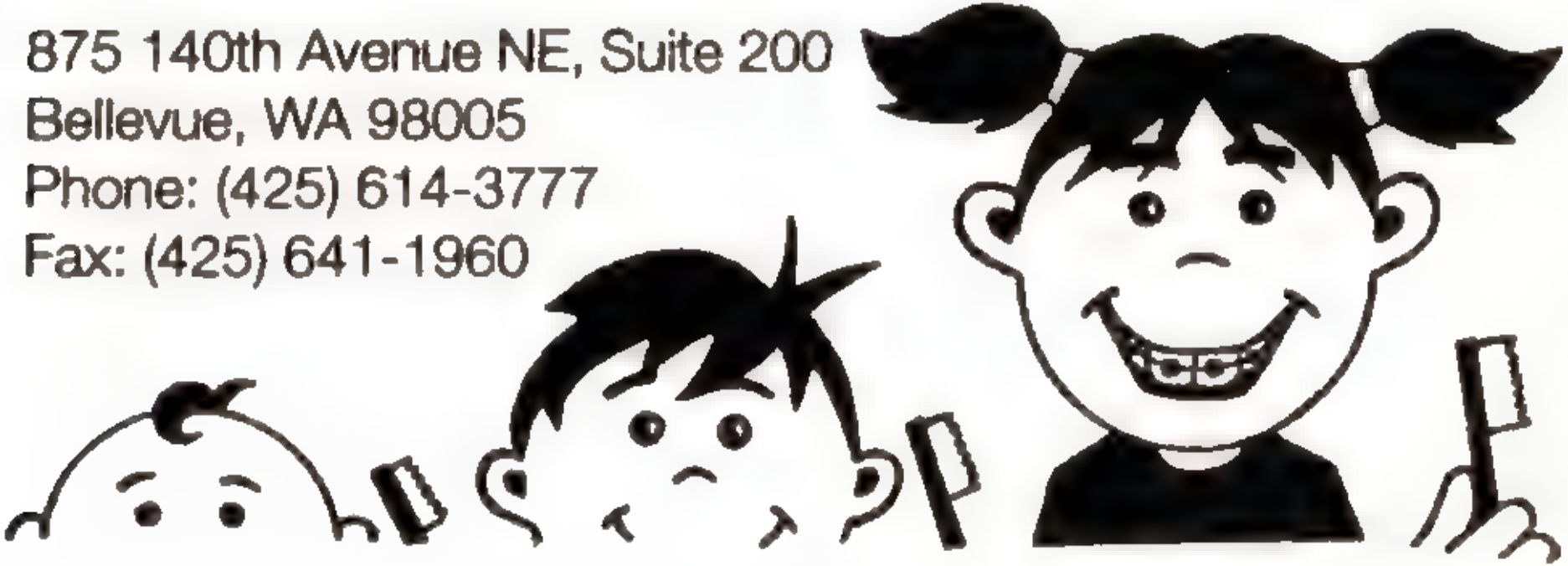
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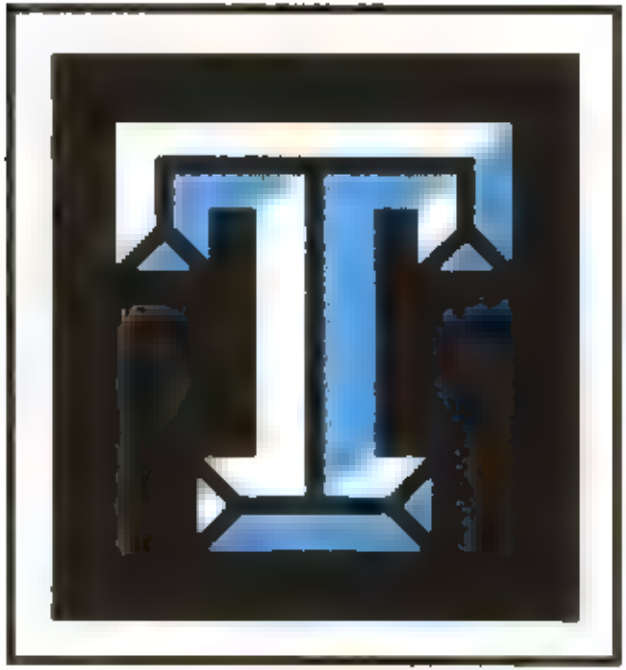
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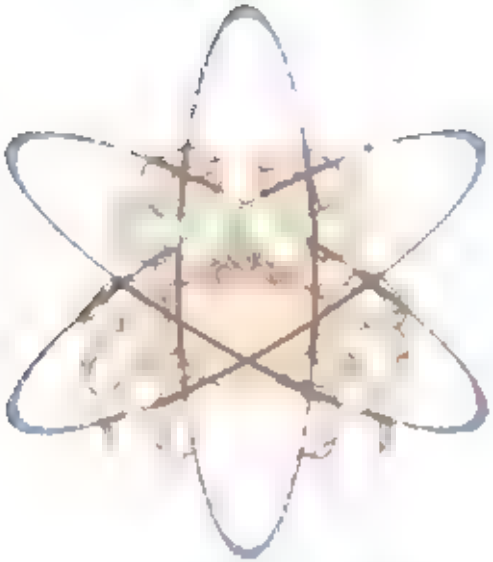
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Day_____

Date_____Time_____

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_____

DAY MONTH DATE

AT_____ A.M. _____P.M.

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Type of Exam____

Date

Check In Time

Appointment Time am pm

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Day_____

Date_____Time_____

Location_____

Exam_____

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APPOINTMENT TIME

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M _____

HAS AN APPOINTMENT

FOR

MON. _____ AT _____

TUE. _____ AT _____

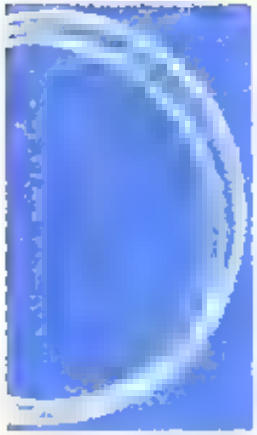
WED. _____ AT _____

THU. _____ AT _____

FRI. _____ AT _____

SAT. _____ AT _____

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_____

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M T W Th F

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Date _____ @ _____

Date _____ @ _____

Date _____ @ _____

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Day _____

Date _____ Time _____

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_____

_____

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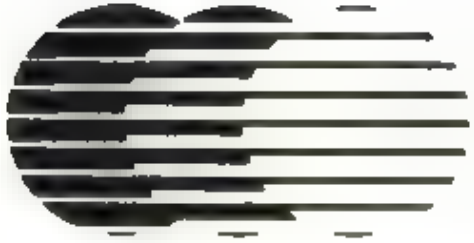
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Provider: _____

Date: _____ Time: _____

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FOR _____

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Your next appointment

Day_____

Date_____Time_____

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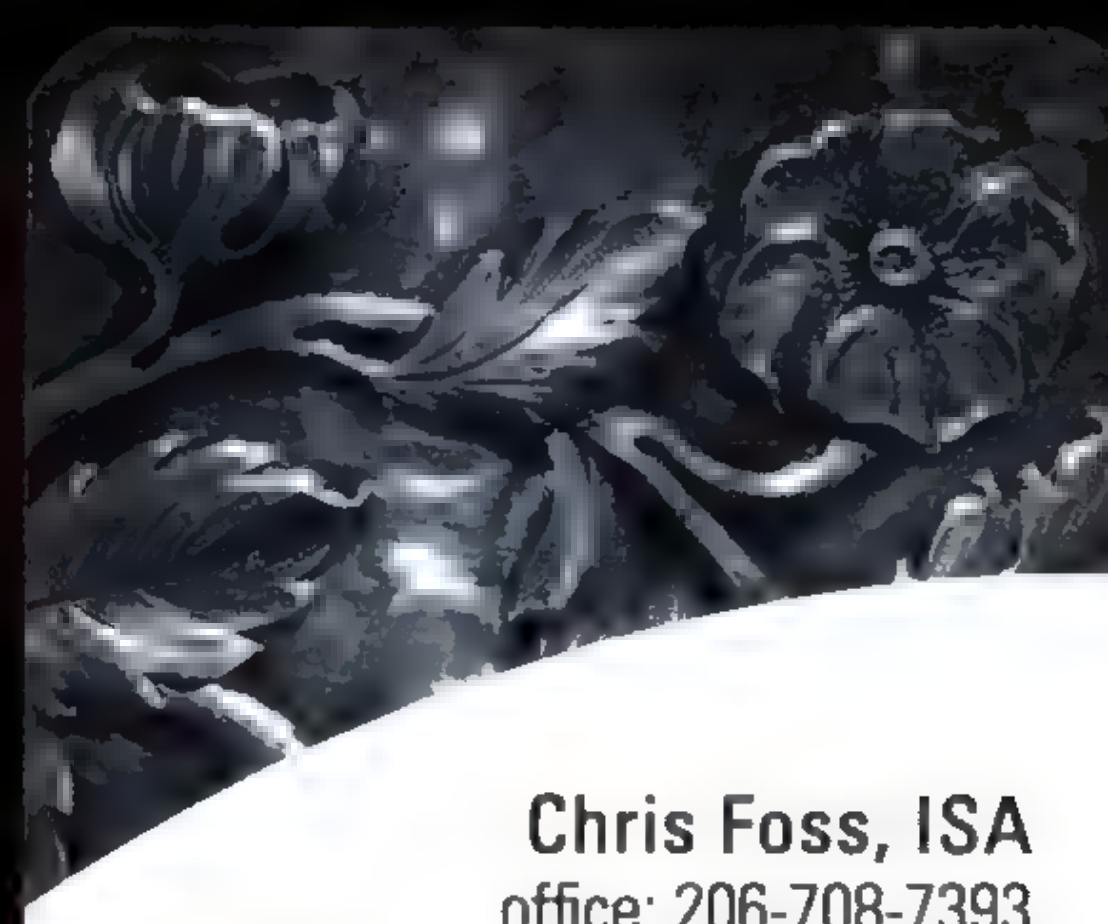
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For: _____

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Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

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Date: _____

day of week *month / day*

Time: _____ AM / PM

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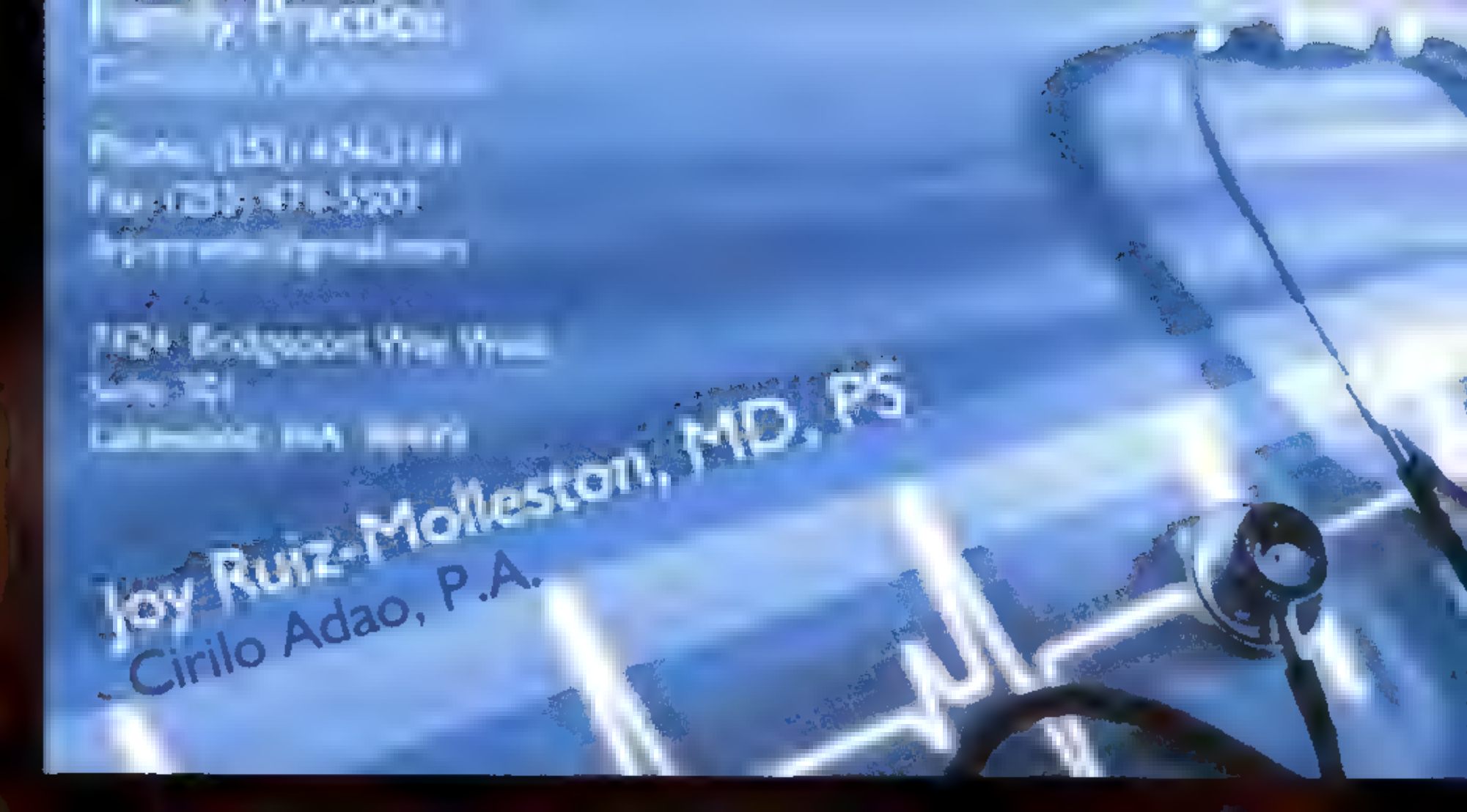
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Patient Name: _____

Date: _____ Time: _____

Day of Week: _____

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on

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Date _____ Time _____

With _____

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For _____

A.M.

On _____ at _____ P.M.

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Patient Name: _____

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Date: _____ Time: _____

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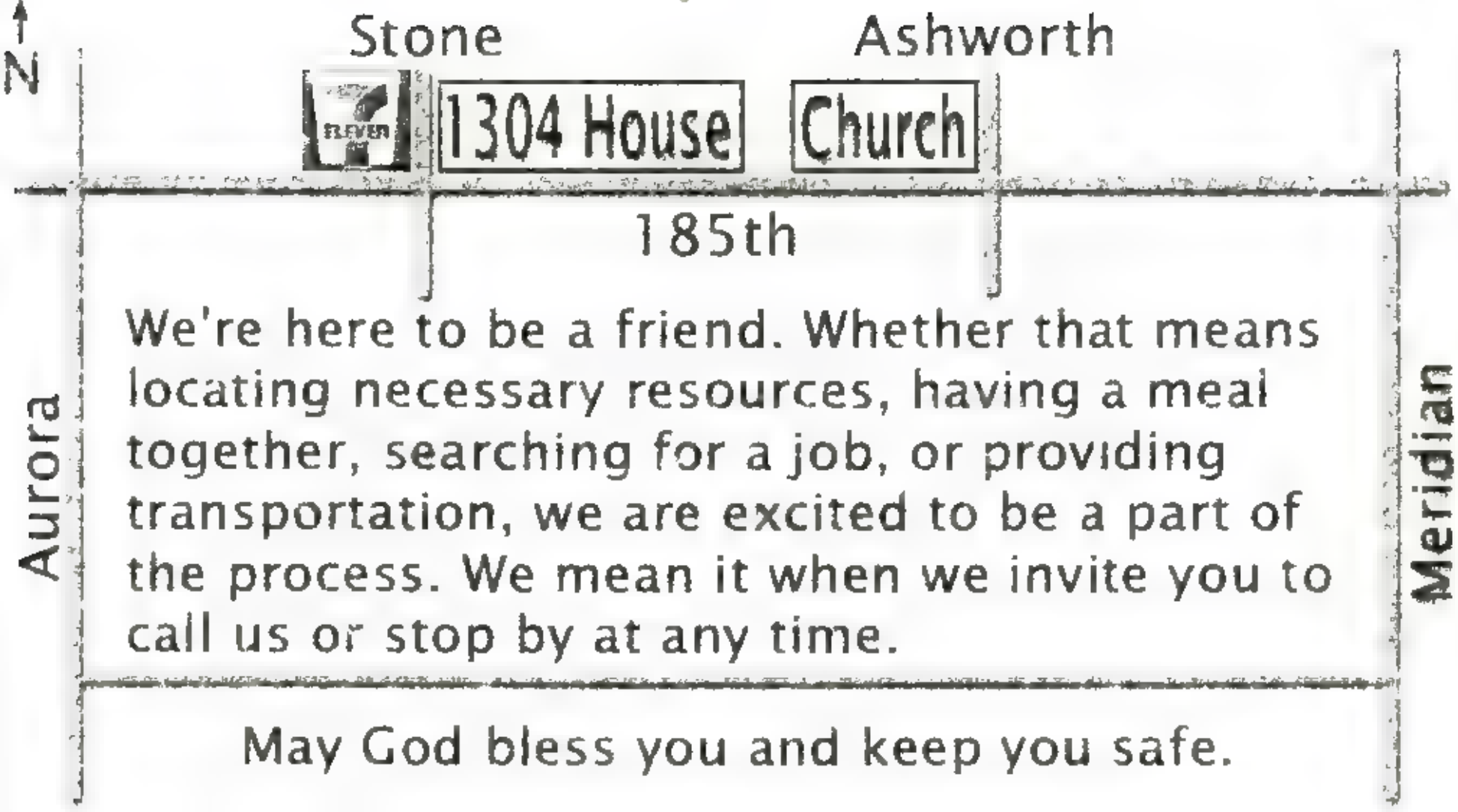
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With: _____

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Time _____

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Day_____

Date_____Time_____



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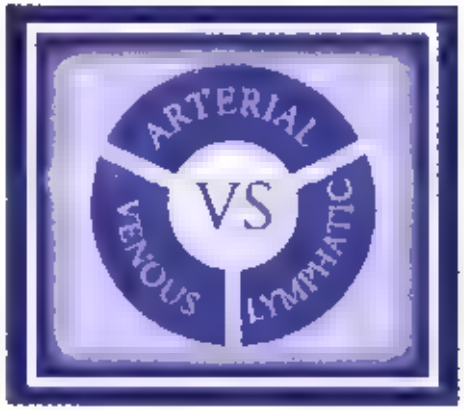


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Date_____

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Date_____Check-in Time_____

With_____

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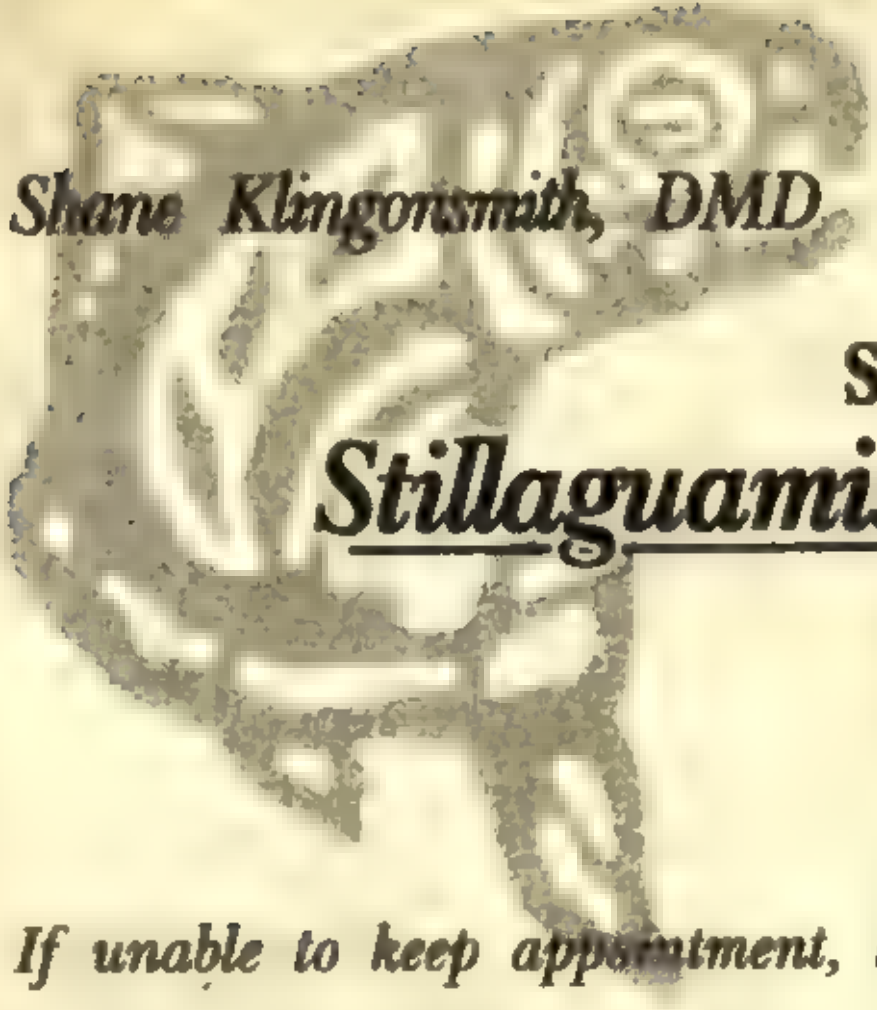
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For: _____

Date: _____ Time: _____

❑ M ❑ Tu ❑ Wed ❑ Thur ❑ Fri ❑ Sat

With: _____

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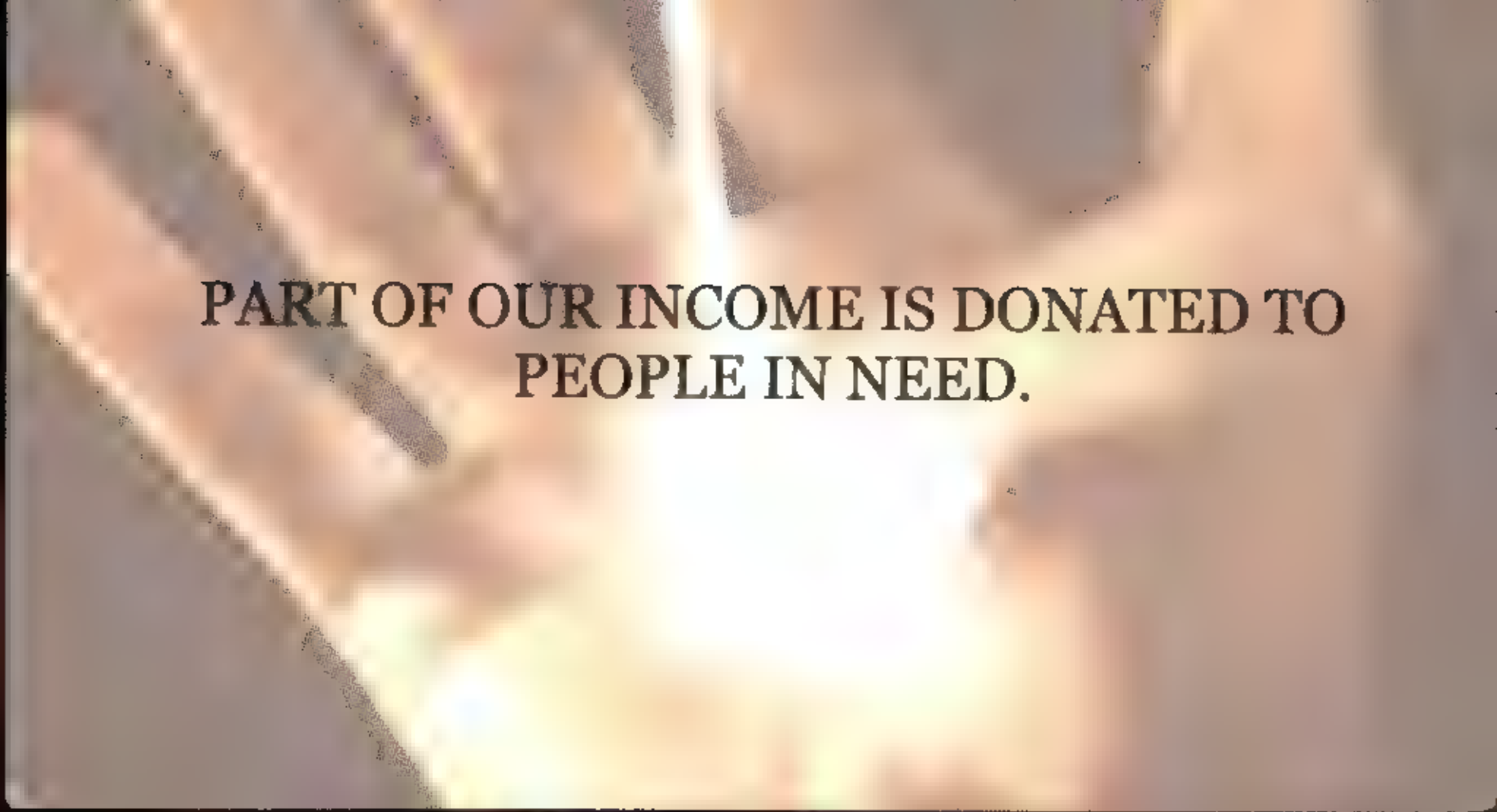


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Date _____ Time _____

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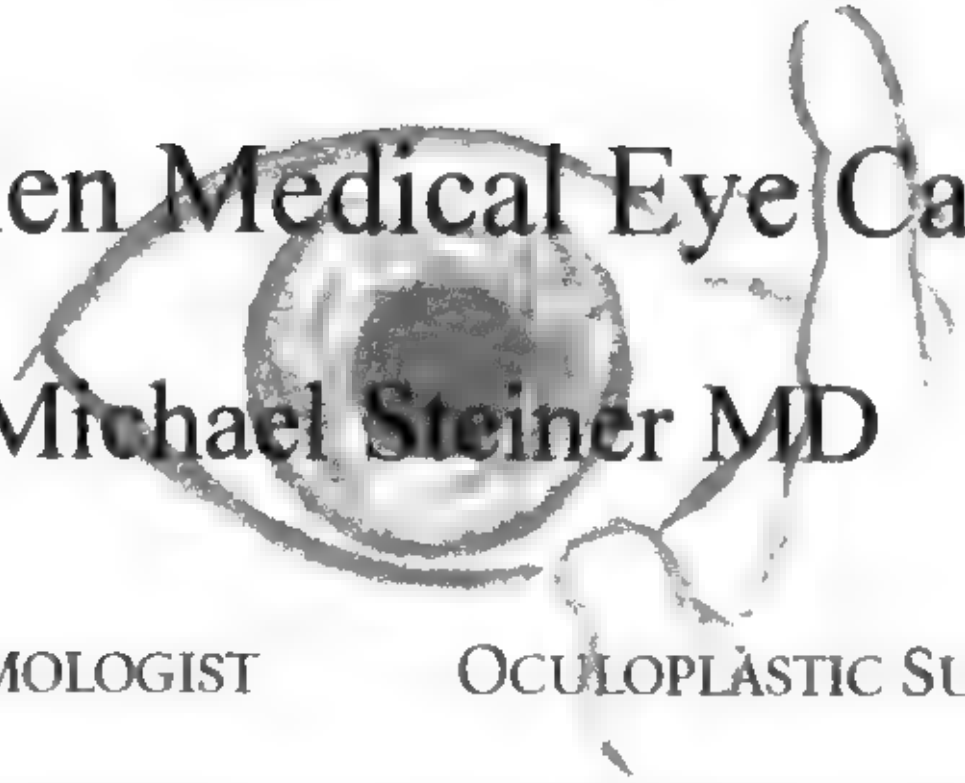
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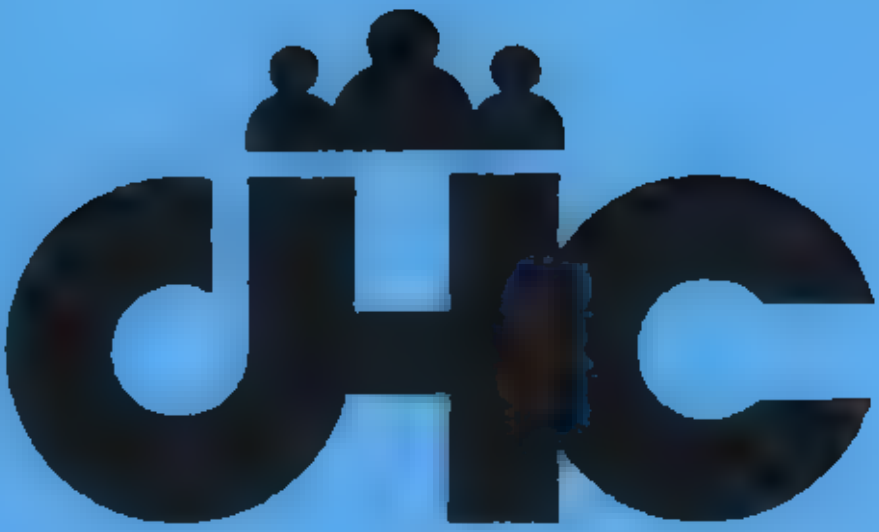
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TIME: _____

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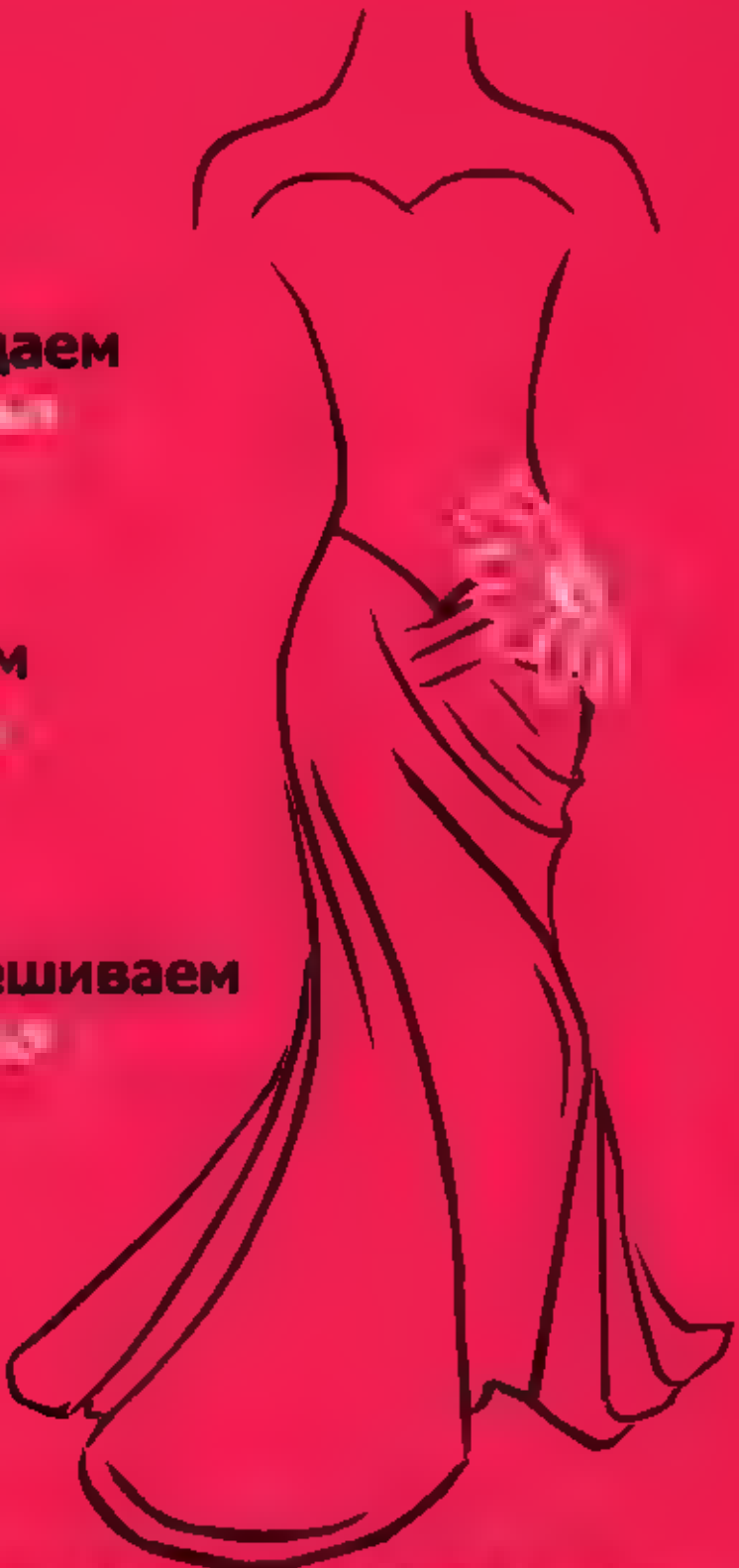
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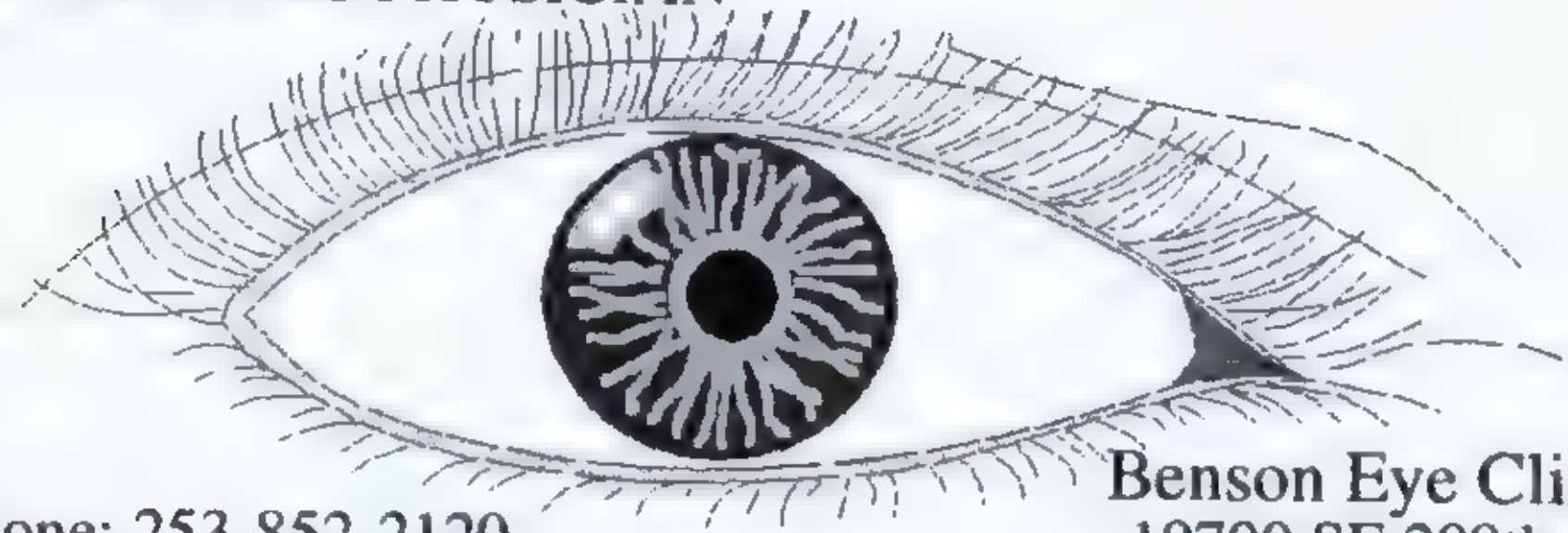
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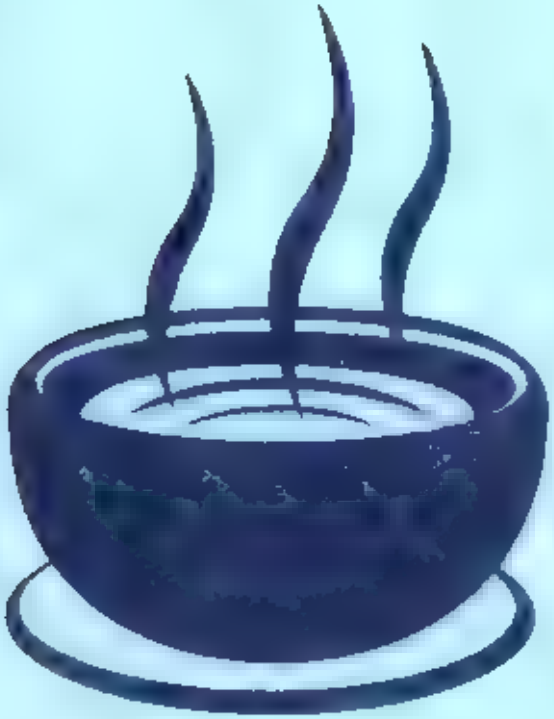
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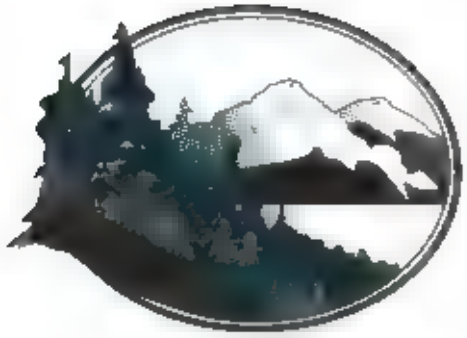
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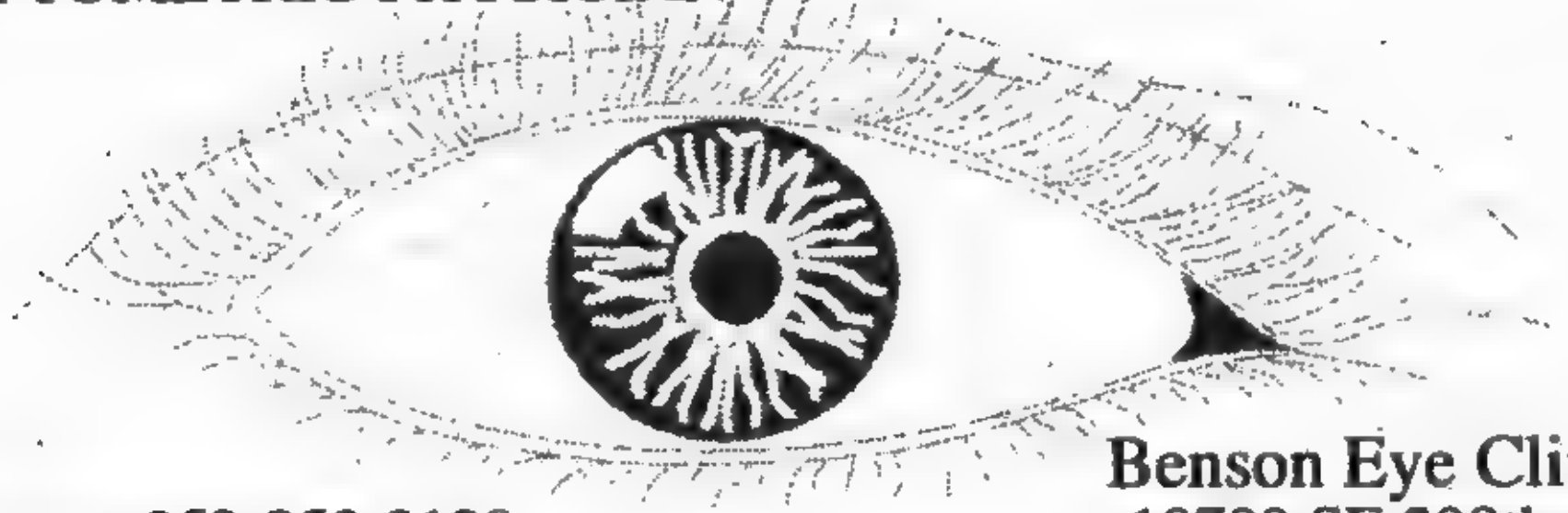
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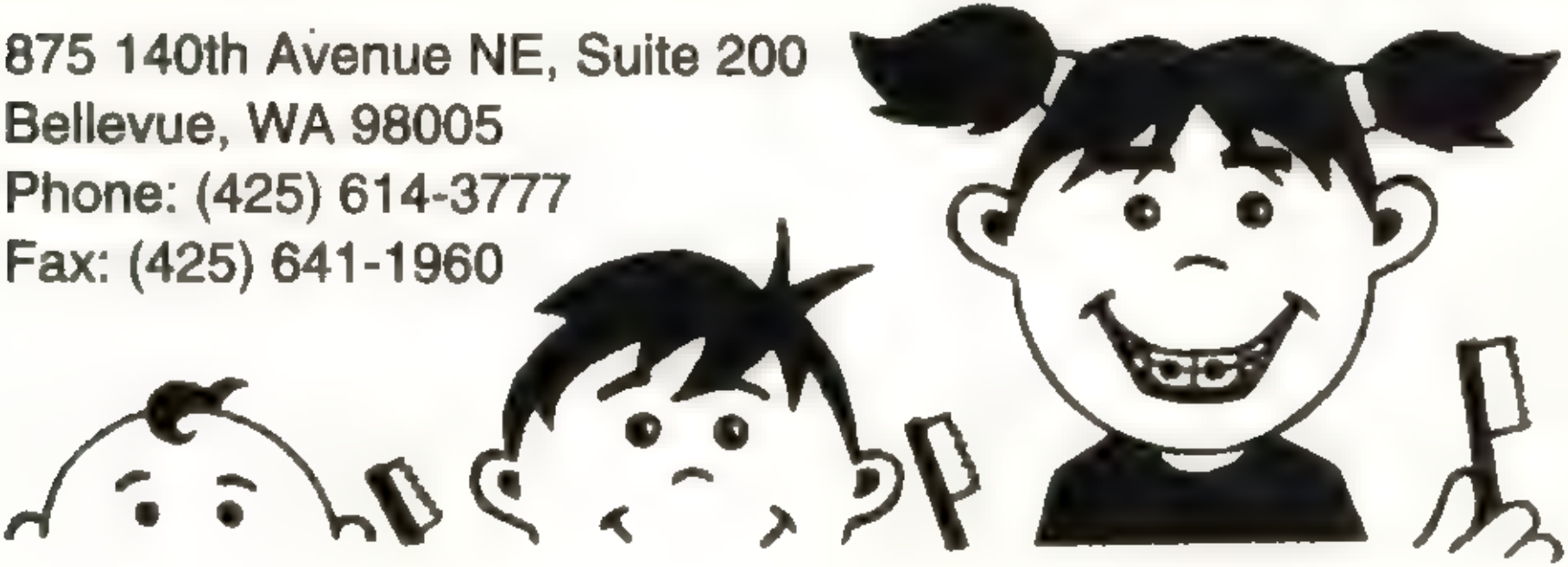
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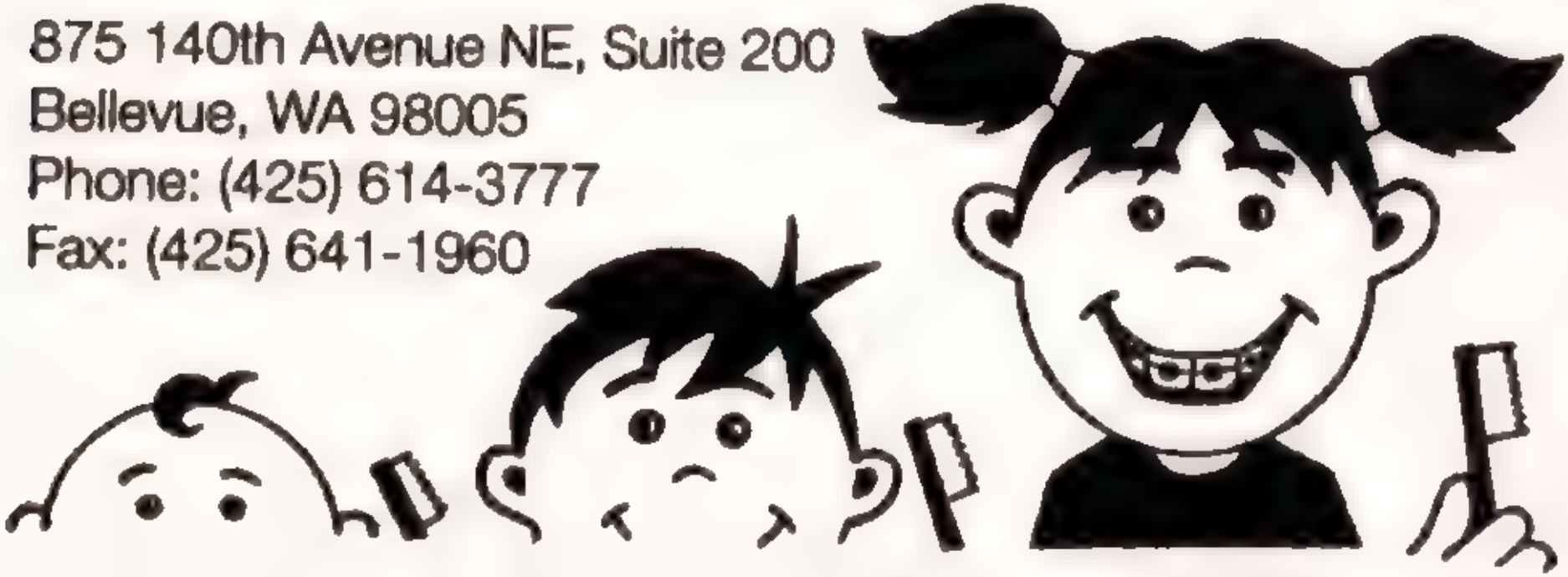
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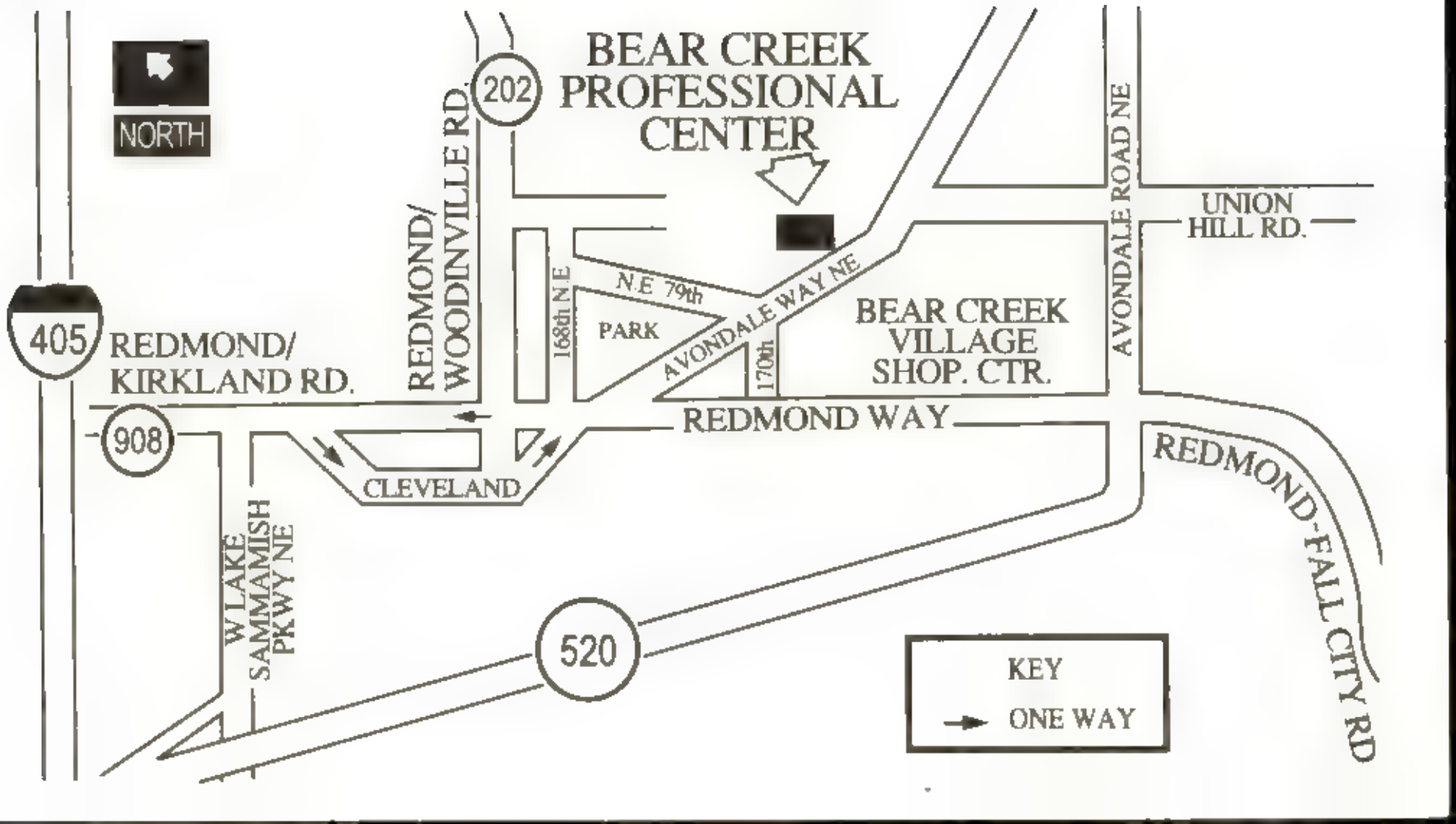
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- ☐ Tuesday
- ☐ Wednesday
- ☐ Thursday
- ☐ Friday
- ☐ Saturday

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For: _____

Date: _____ Time: _____

With: _____

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has an appointment on

M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	
M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	
M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	
M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	
M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	
M	T	W	Th	F	_____	/	@	:	a.m.	
									p.m.	

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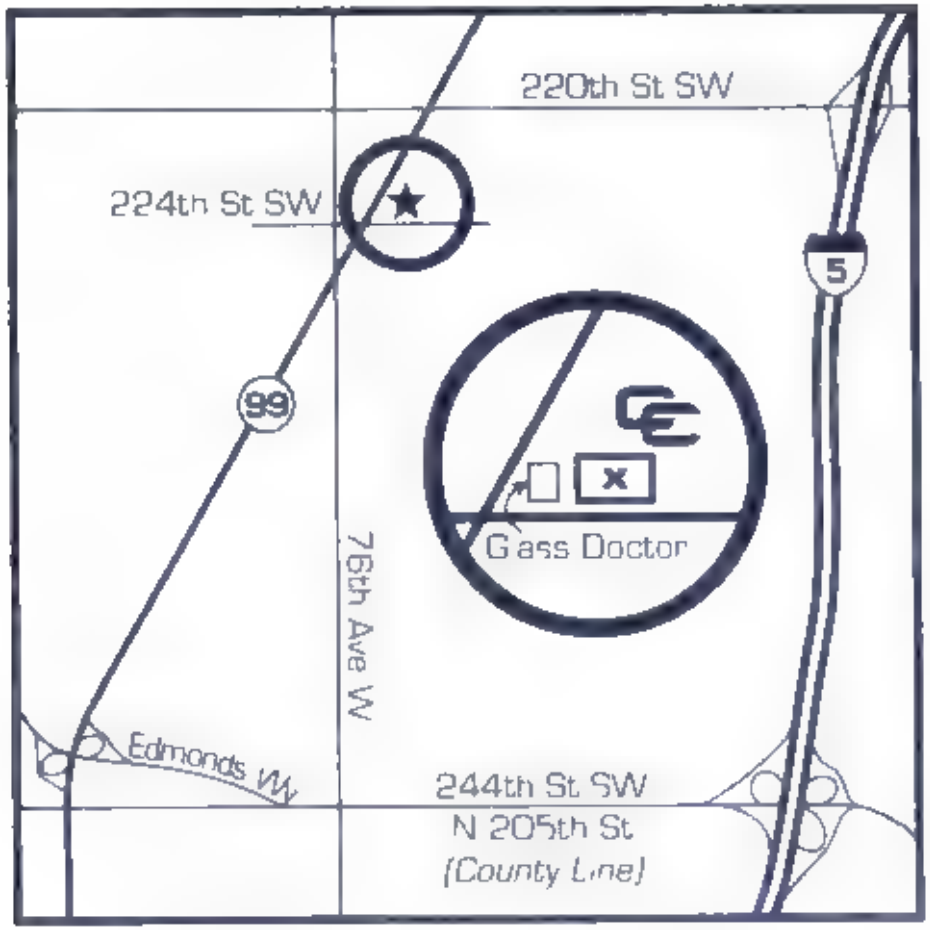
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S 150th St
S 152nd St
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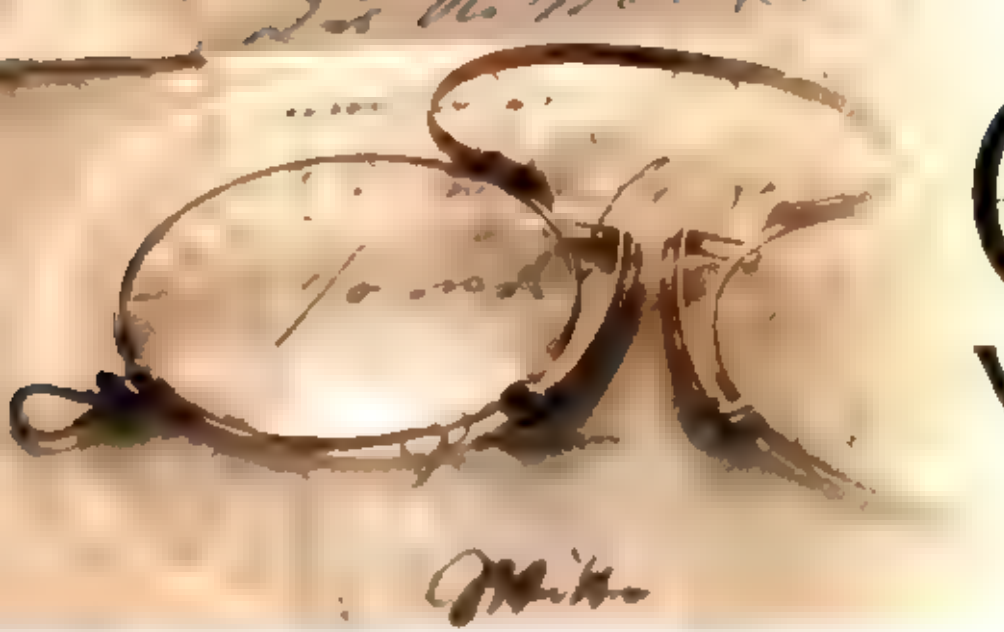
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for _____

_____



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With: _____

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Patient _____

Date _____

Time _____

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❒ MON ❒ TUE ❒ WED ❒ THUR ❒ FRI

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Date _____ Time _____

Date _____ Time _____

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*Tues.*_____ *At* _____ *Fri.*_____ *At* _____

*Wed.*_____ *At* _____ *Sat.*_____ *At* _____

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at _____

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Date _____ Time _____

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_____

has an appointment on

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Tue _____ at _____

Wed _____ at _____

Thurs _____ at _____

Fri _____ at _____

Sat _____ at _____

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Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐

Date: _____ Time: _____

For patient: _____

With: _____

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DATE _____HOUR _____

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Dr. _____

Date _____

Time _____

Other _____

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☐ MON ☐ TUE ☐ WED ☐ THUR ☐ FRI

DATE _____ TIME _____

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Date_____Time_____



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Provider: _____

Date: _____ Time: _____

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Date _____

Time _____

Location _____

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Tues., Wed., Thurs.: 9am-12:30pm; 2:30-5pm; 5:30-8:00pm
Tuesday: 4:30pm-8:15pm Acupuncture

PHARMACY HOURS:

Monday, Tuesday, Friday: 9:30am-1pm; 2pm-5:15pm
Wednesday, Thursday: 10:30-1pm; 2pm-5:15pm

Country Doctor Community Clinic

500 19th Avenue East
Seattle, WA 98112

Citas .....(206) 299-1600
Después De Las Horas laborables .....(425) 899-6463
Rellenar recetas .....(206) 299-1618

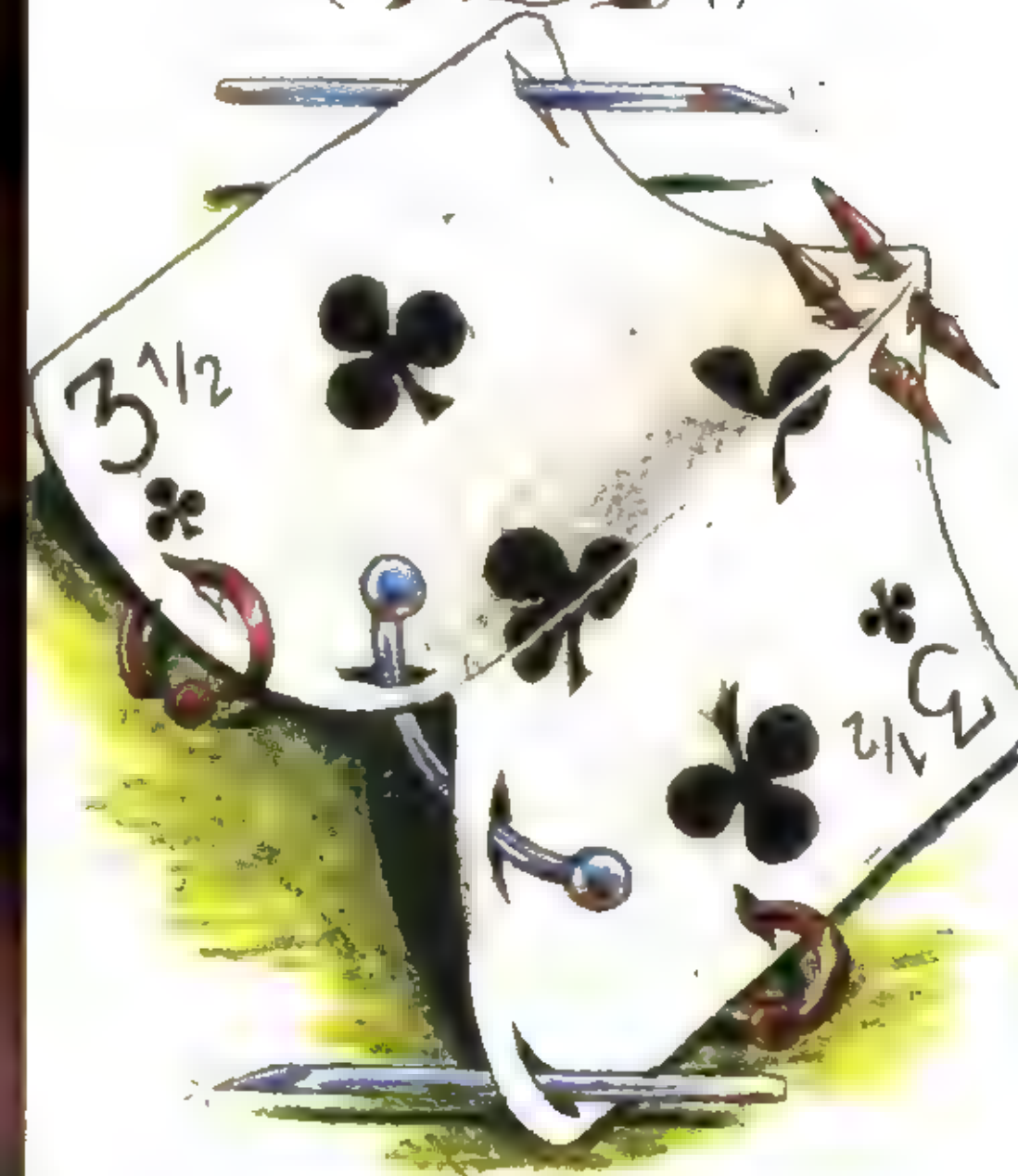
Horario de la Clinica:

Lunes, Viernes: 9am-12:30pm; 1:30-5pm
Martes, Miércoles, Jueves: 9am-12:30pm; 2:30-5pm; 5:30-8:00pm
Martes: 4:30pm-8:15pm Acupuntura

Horario de Farmacia:

Lunes, Martes, Viernes: 9:30am-1:00pm; 2:00pm-5:15pm
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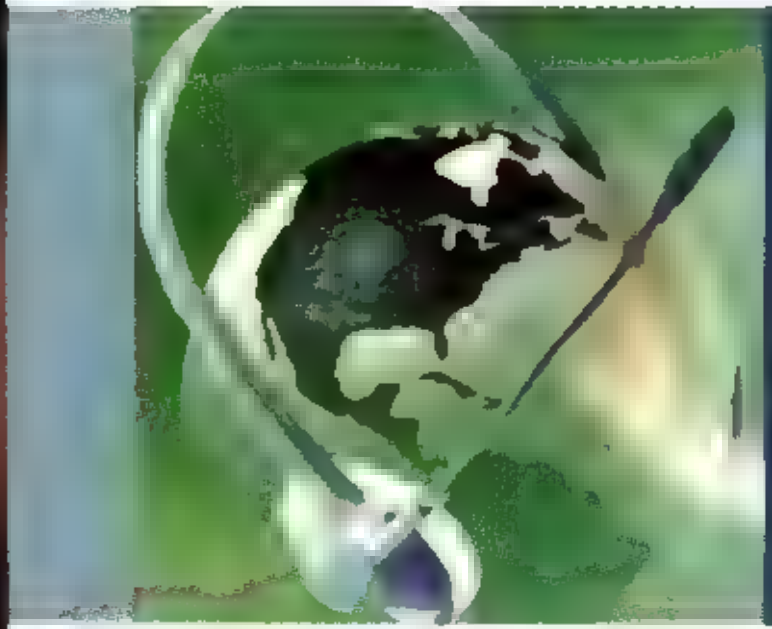
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JANUARY

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23	24	25	26	27	28	29
30	31					

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Date_____Time_____

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_____
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M_____
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V. 11/02)

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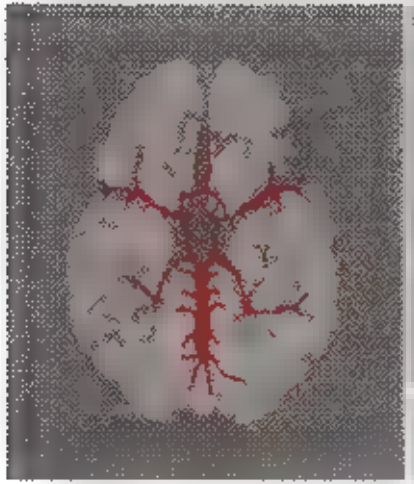
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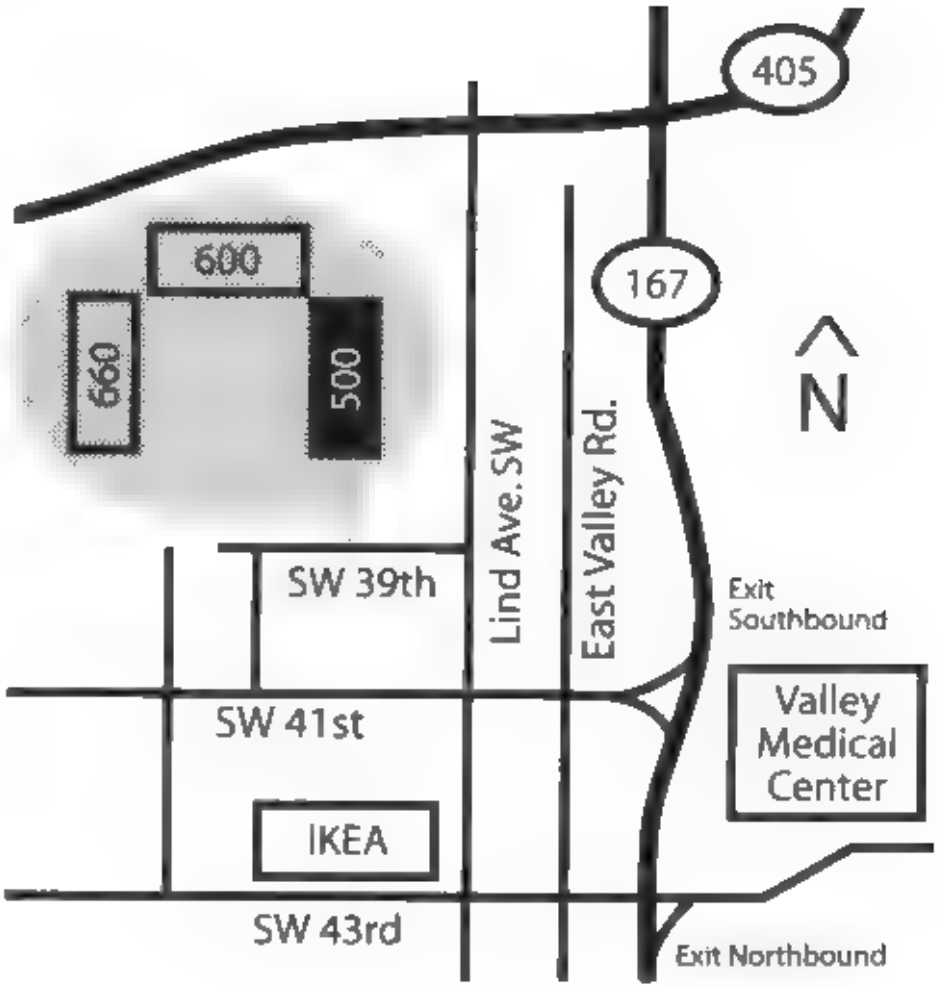
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Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

Date: _____ Time: _____

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FOR _____

❑ MON. ❑ TUES. ❑ WED. ❑ THUR. ❑ FRI.

DATE _____ TIME _____

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For: _____

Date: _____ Time: _____

With: _____

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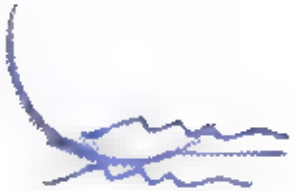
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Day_____

Date_____Time_____



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For: _____

Date: _____ Check-in by: _____ a.m. p.m.

With: _____

Notes: _____

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to schedule a follow-up for_____

_____

_____

Your appointment is scheduled for:

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Patricia Wood, PA-C

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MultiCare Westgate Clinic

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Date_____Time_____

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Date: _____ Time: _____

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Date _____ Time _____



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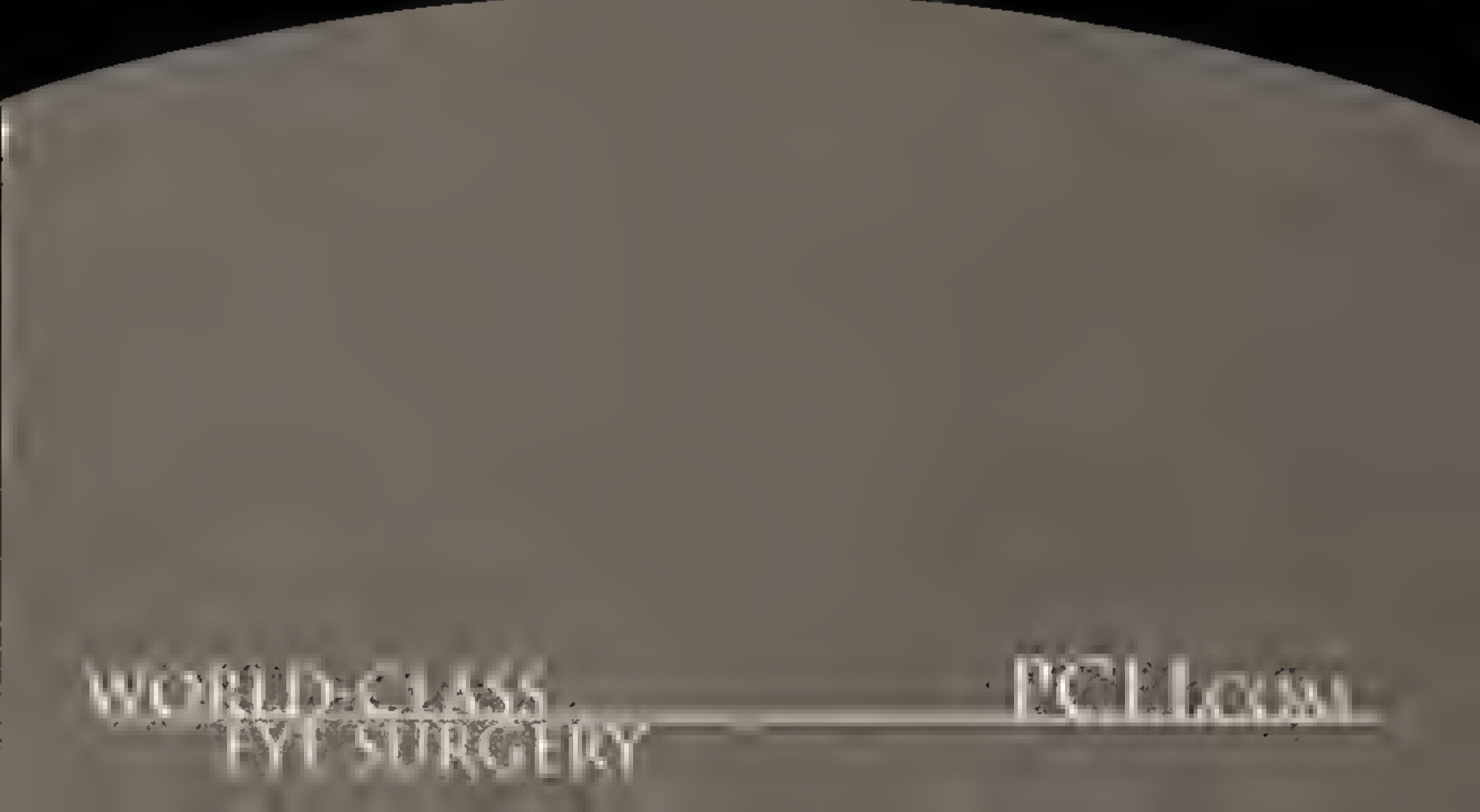
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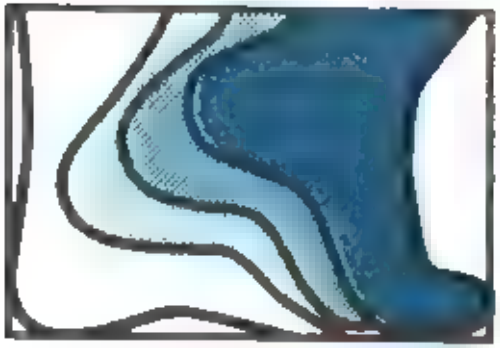
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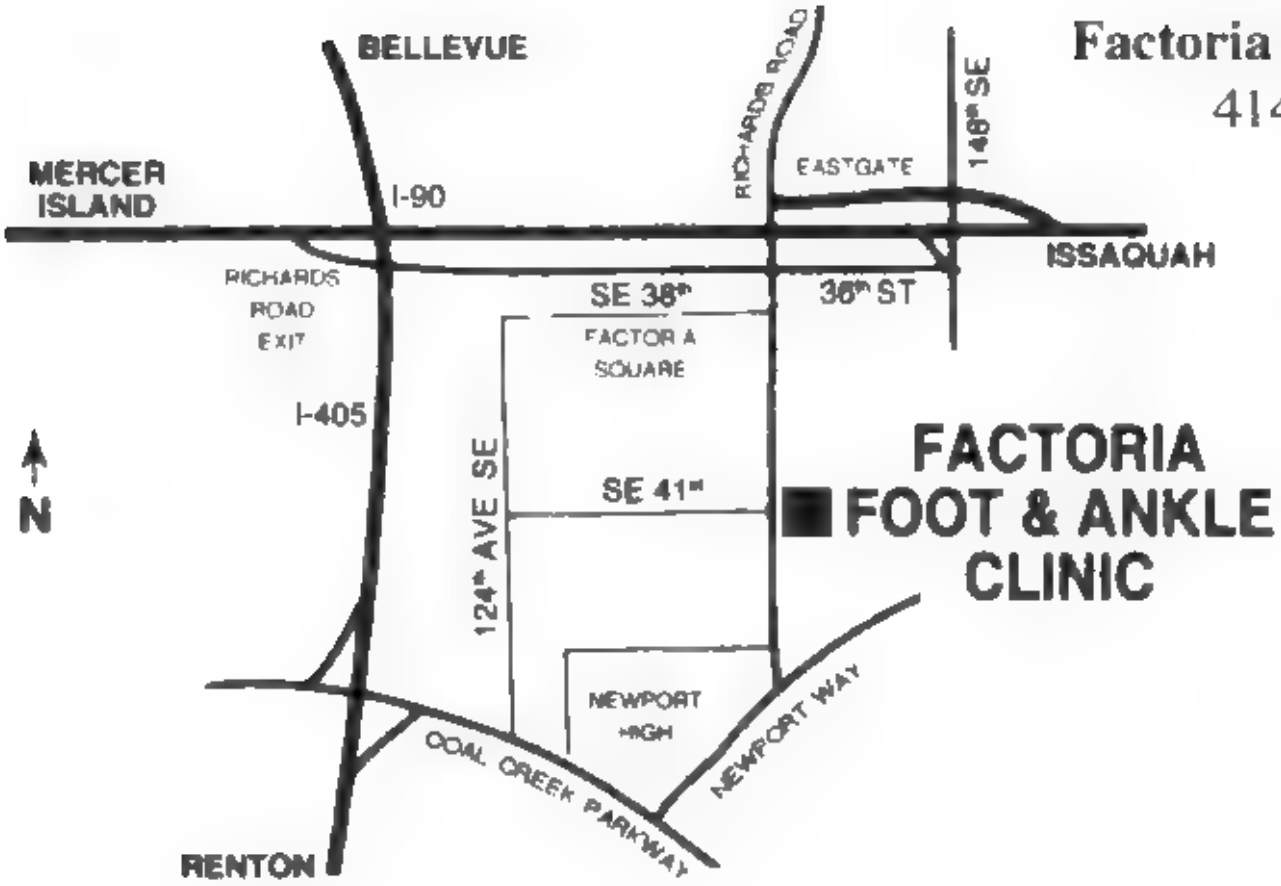
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For: _____

Date: _____ Time: _____

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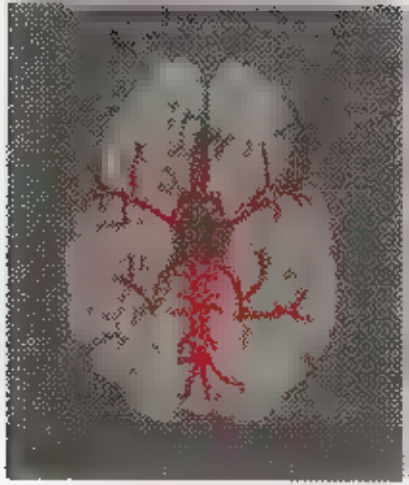
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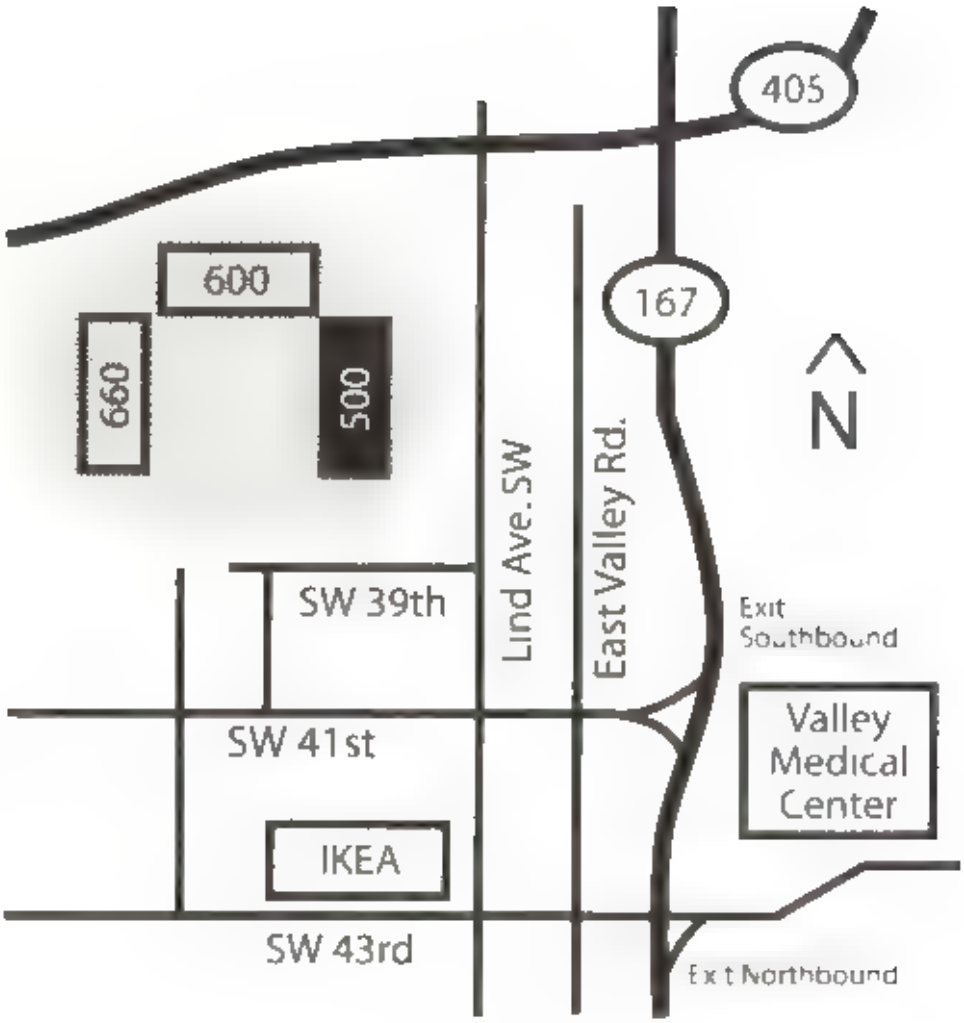
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Day _____

Date _____ Time _____

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Date _____ At _____ A.M. P.M.

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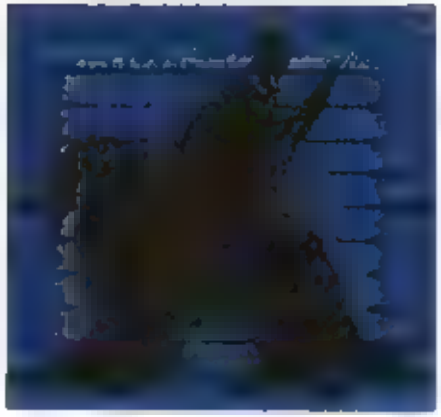
Time has been reserved for you on

☐ Mon. ☐ Tue. ☐ Wed. ☐ Thur. ☐ Fri.

Date _____ At _____ A.M. P.M.

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Date: _____

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Date _____ At _____ A.M. P.M.

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M T W TH F

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Date _____

Check In Time _____

Appointment Time _____ am pm _____

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Type of Exam

Date

Check In Time

Appointment Time am pm

Location Lakewood Gig Harbor



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Date: _____ Time: _____

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Date _____ At _____ A.M. P.M.

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_____

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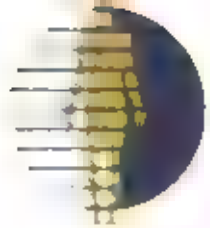
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Your next appointment

Day _____

Date _____ Time _____



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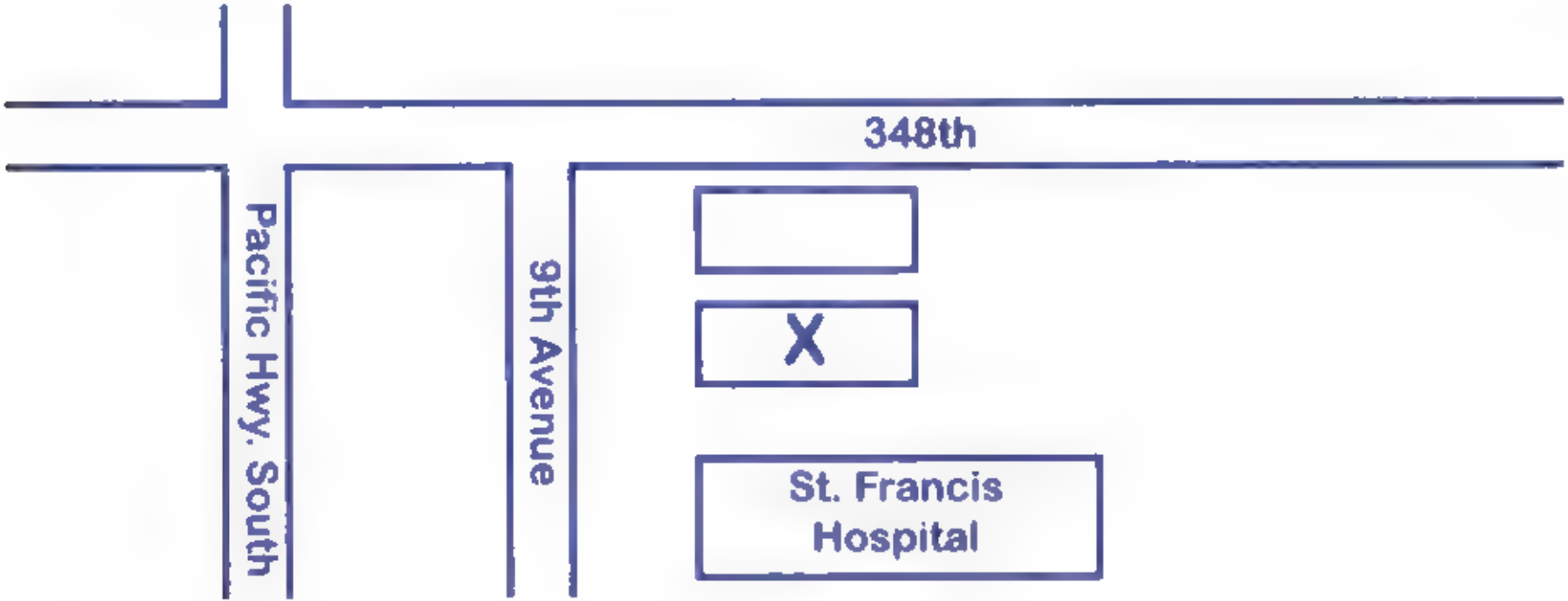
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M _____

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Date _____ At _____ A.M. P.M.

If unable to keep this appointment, kindly give 24 hours notice.

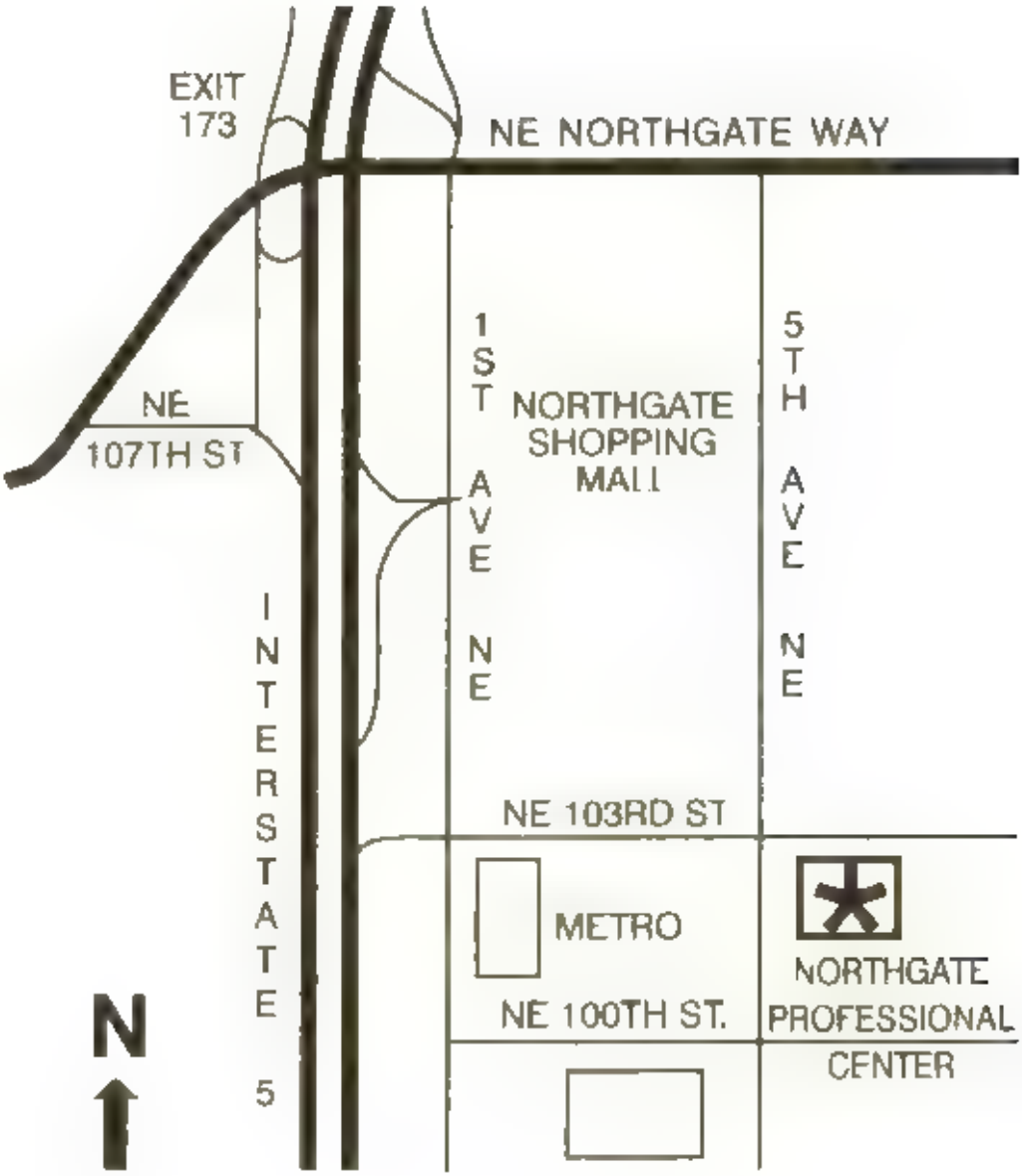
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DATE:_____ AT:_____ AM PM

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For _____

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Date _____ at _____ a.m p.m

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For: _____

Date: _____ Time: _____

❑ M ❑ Tu ❑ Wed ❑ Thur ❑ Fri ❑ Sat

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M T W Th F _____ / _____ @ _____ : _____ a.m. p.m.

M T W Th F _____ / _____ @ _____ : _____ a.m. p.m.

M T W Th F _____ / _____ @ _____ : _____ a.m. p.m.

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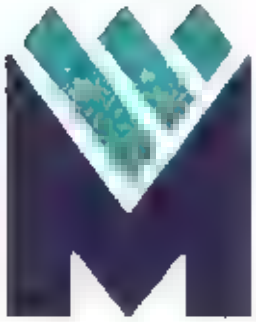
For: _____

Date: _____ Time: _____

Location: _____

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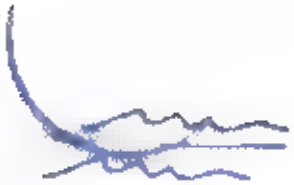
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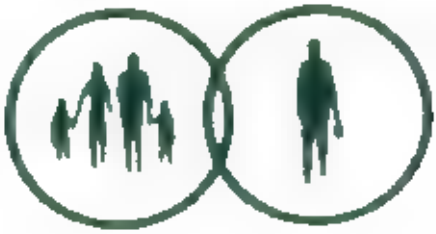
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Fri _____ at _____ AM • PM

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DATE: _____ AT: _____ AM PM

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	MON	TUE	WED	THU	FRI	SAT
DATE						
TIME						

	MON	TUE	WED	THU	FRI	SAT
DATE						
TIME						

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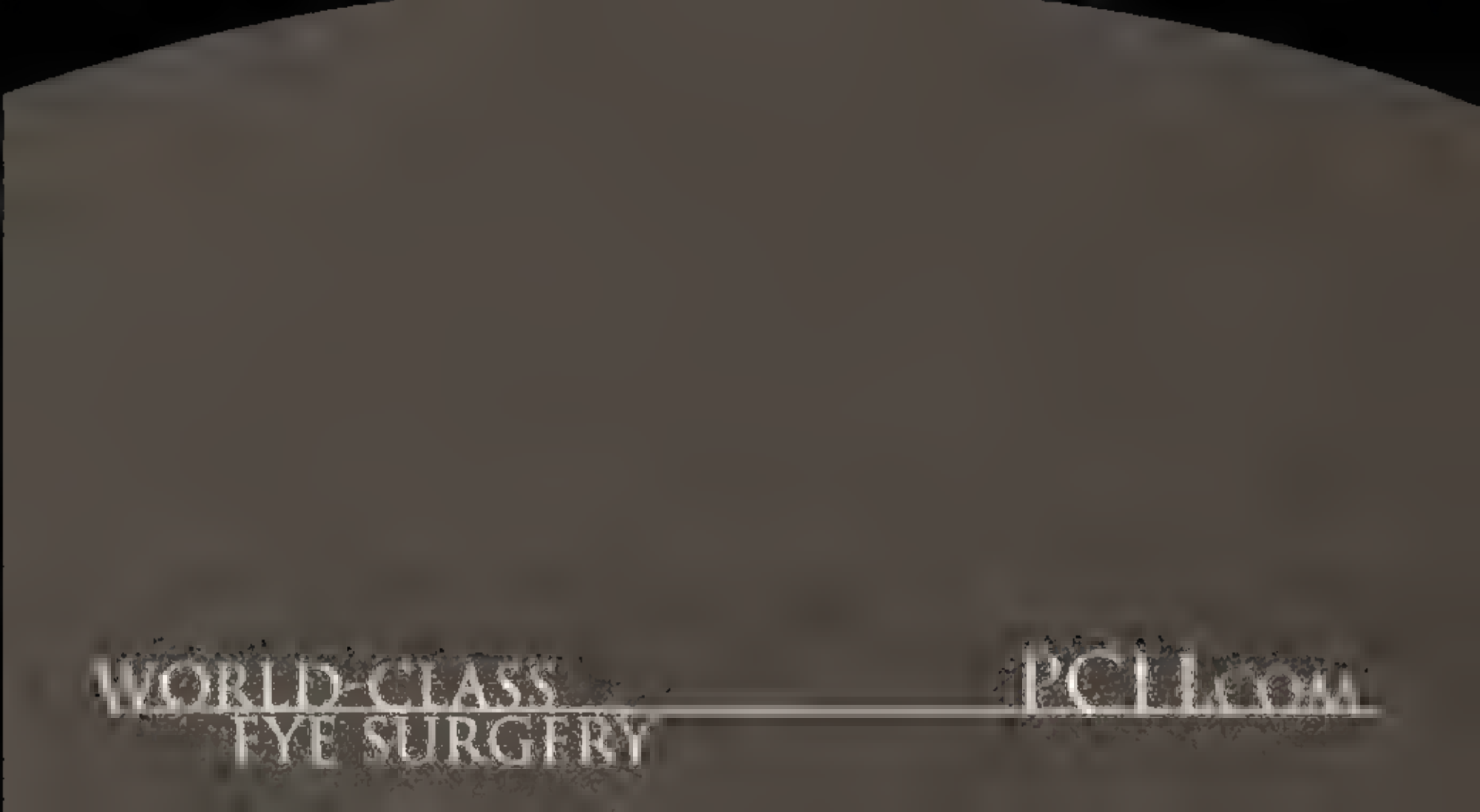
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Date _____ Time _____

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- ☐ Jill Enright, MD,
- ☐ Chester Gall, MD
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For: _____

Date: _____ Time: _____

With: _____

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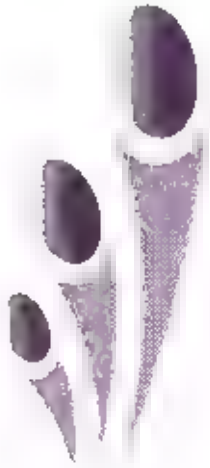
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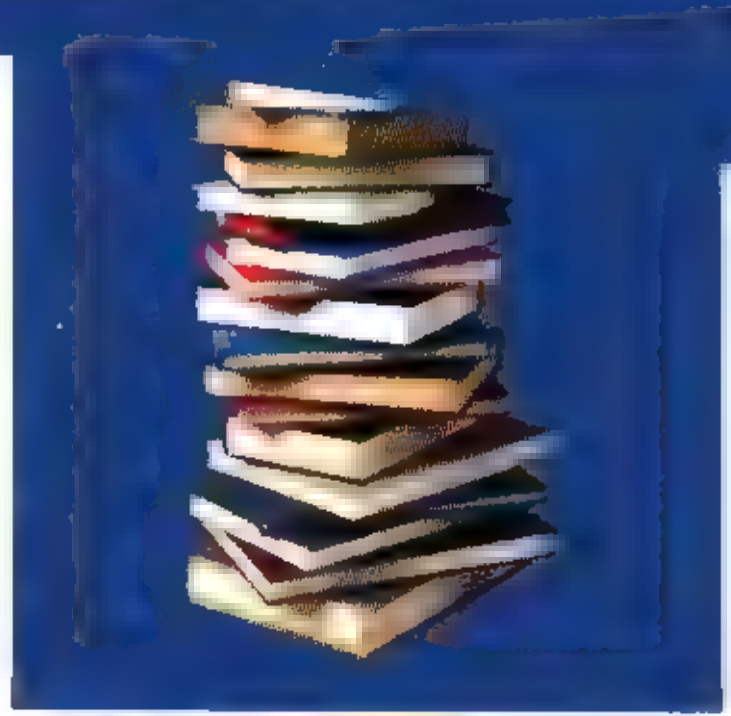
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Type of Exam

Date

Check In Time

Appointment Time am pm

Location on Cedar or Lynnwood or Gig Harbor Lakewood



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Date _____ Time _____

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	DATE	TIME
MON		
TUES		
WED		
THURS		
FRI		

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	DATE	TIME
MON		
TUES		
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THURS		
FRI		
SAT		

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	DATE	TIME
MON		
TUES		
WED		
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FRI		

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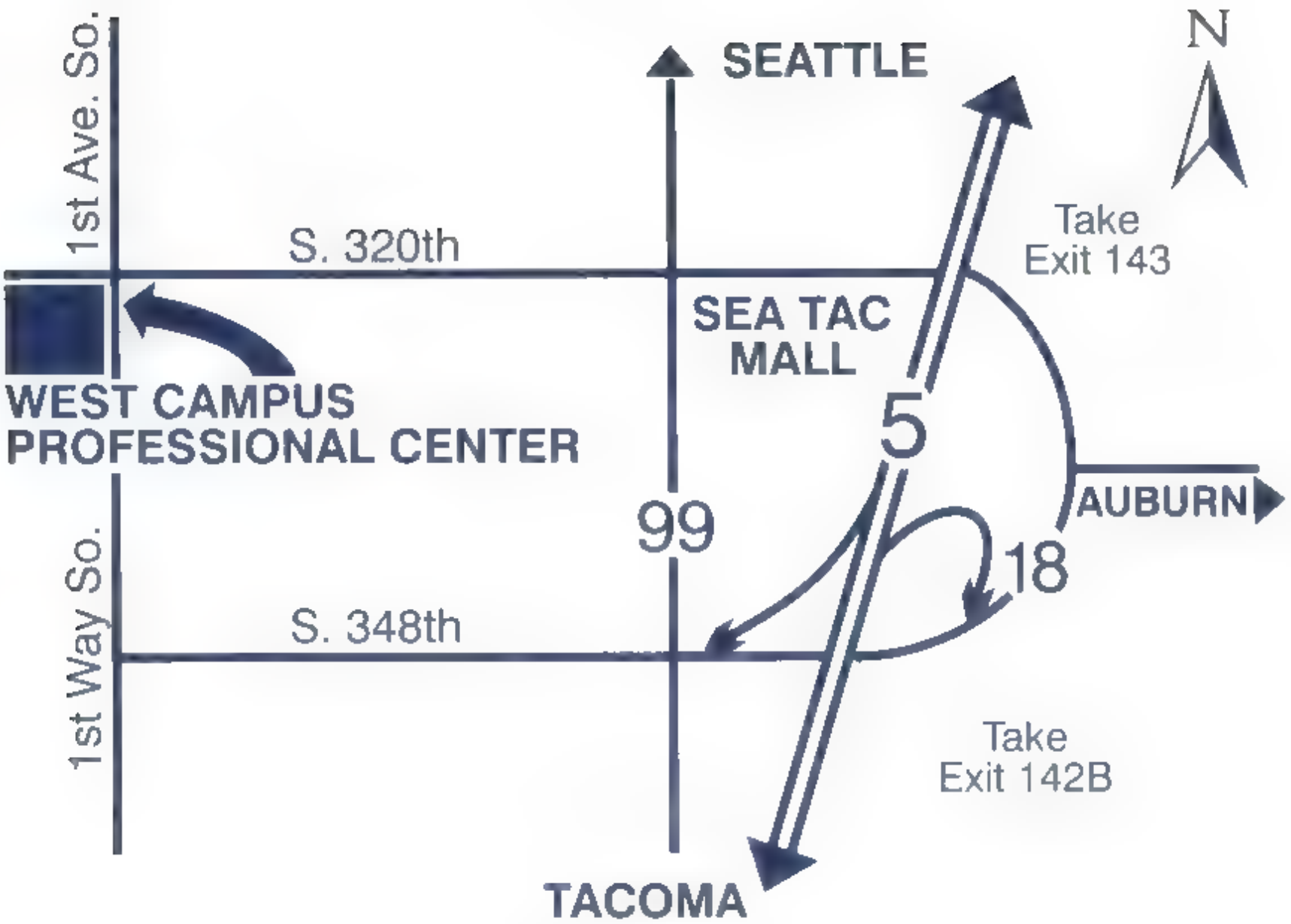
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July

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August

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December

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23	24	25	26	27	28	29
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Mobile: 425.443.6182
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